



### STUDENT INFORMATION

Student last name:				
First name:			Birth date: / /	
Street address:			Home phone no: ( )	
Suburb:		State:	Mobile phone no:	
Post Code:		Email:		
Occupation:			Ethnic Background:	
Languages spoken:			I know about Daar Aisha through (please check one box below):	
<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Poster/Flyer	<input type="checkbox"/> Internet	<input type="checkbox"/> email	<input type="checkbox"/> Other

### COURSE INFORMATION

<b>Thursday</b>	<b>9:30am - 1:30pm</b>	<input type="checkbox"/>
<b>Saturday</b>	<b>8:00am – 11:00am</b>	<input type="checkbox"/>

### IN CASE OF EMERGENCY

Name of local friend or relative:	Relationship to student:	Home phone no.:	Work phone no.:
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The above information is true to the best of my knowledge. I have read the attached 'School Policy' and I agree to abide by the rules and conditions of Daar Aisha (ra) Shariah College, as outlined in that document.

\_\_\_\_\_  
*Student signature*

\_\_\_\_\_  
*Date*

*Please note a \$30 registration fee applies to all new students in order to process this application.  
This fee does not apply to students currently enrolled in any course/s at Daar Aisha.*

### OFFICE USE ONLY

Date received :	Payment received:	Notified:
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