



STUDENT INFORMATION

Student last name:

First name:

Birth date:

/ /

Street address:

Home phone no:

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Suburb:

State:

Mobile phone no:

Post Code:

Email:

Occupation:

Ethnic Background:

Languages spoken:

I know about Daar Aisha through
(please check one box below):

Family/Friend

Poster/Flyer

Internet

email

Other

COURSE INFORMATION

Please mark in order of preference the course you wish to enroll in:

FULL TIME

Tuesday and Thursday

9:30am - 2:30pm

PART TIME

Saturday [morning]

9:00am - 1:30pm

Saturday [afternoon]

2:00pm - 6:30pm

Tuesday only

9:30am - 2:30pm

Thursday only

9:30am - 2:30pm

IN CASE OF EMERGENCY

Name of local friend or relative:

Relationship to student:

Home phone no.:

Work phone no.:

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: