



THE BALD HILLS ISLAMIC EDUCATIONAL ORGANISATION LTD

Enrolment Form for Bald Hills Madrasa

Family Name: _____ **Given Names:** _____

Age: _____

Address: _____

Allergy/Medication information: _____

Guardian 1: _____ **Mobile:** _____

Email: _____

Guardian 2: _____ **Mobile:** _____

Emergency Contact: _____ **Mobile:** _____

I confirm that the information contained in this application is correct and complete. I understand and agree to enroll the above child in the madrasa, and commit to pay fees.

Signature of Guardian: _____ **Date:** ____/____/____