

Enrolment form for the Masjid Taqwa Madrasa

Students Details

Family Name _____
Given Names _____
Address _____

Date of Birth _____
Allergy/Medication information _____

Parent/Guardian 1 contact details

Full Name _____
Mobile Phone _____
Email _____
Emergency Contact name _____ Mobile number _____

Parent/Guardian 2 contact details

Full Name _____
Mobile Phone _____
Email _____
Emergency Contact name _____ Mobile number _____

I/We confirm that the information contained in this application is correct and complete. I understand and agree to enrol the above child in the madrasa and commit to pay the fee of \$150 per term when due.

Signature of Parent/Guardian 1 _____ Date _____

Signature of Parent/Guardian 2 _____ Date _____

Madrasa coordinator: Sister Shamshad Ali (contact number 0402049657)

Postal Address

P O Box 3218 Bracken Ridge Qld 4017