



## Hifz Application Form

First Name		Last Name	
Address		City	Postal Code
Date of Birth : / /		Health Card Number	

### Details of Parents

Father/Guardian's Name			
E-mail address		Telephone Number	
Cell Number		Business/Work Number	

### Details of Emergency Contacts

Emergency Contact's Name		Telephone Number	
Cell Number		Relationship to applicant	

### Details of Previous Islamic Education

# of Naazira(entire Qur'an)Completed :		If not, how many juz/para completed:	
Where you studied Naazira ? Name & address of institution:			
Name of Principle/Teacher :		Contact # :	
Have you started hifz? _____ yes _____ no		If yes, how many juz/para completed:	
Where you studied hifz ? Name & address of institution:			
Name of Principle/Teacher :		Contact # :	

### Medical Information

If the applicant takes regular medication, suffer from serious or long term illness or he has any allergy then please give details:\_\_\_\_\_

Signature of Parent /Guardian	Parent / Guardian's Name (please print)	(dd/mm/yyyy)
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NOTE: 1 Incomplete form will not be processed.  
 2 Attach a photocopy of the health card.  
 3 Age of Admission: Under 13 years at the time of enrollment provided that the child is independent of assistance in his/her necessities. No exception!

*For Office Use Only*

Date application received _____	Date _____ of _____ interview/test
Interviewed/tested by _____	_____ pass _____ fail
Details _____	
Admission date _____ Admitted to class _____	
Approved by _____	Date of approval _____