

Student Enrolment Form (Evening Classes Asr to Maghreb)



Child Information			
In which category you would like to enroll the student <input type="checkbox"/> Qaida <input type="checkbox"/> Nazirah <input type="checkbox"/> Quran			
First Name		Last Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Address			

Legal Guardian Full Name:			
Mobile Number (Emergency Contact)		Phone	
Alternate Mobile Number			
E-mail Address		Preferred contact method	
Address			

Medical Conditions (Optional)

Declaration
I hereby agree to abide by all the rules and regulations of the ISD Management (Masjid)
Parent / Guardian's Signature: _____ Date: _____

PLEASE TURN OVER

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Waiver of Liability

In consideration of my child's participation in the evening Quran and Tajweed Classes , run Islamic Society of Darwin, I, acting as parent or legal guardian of said child, hereby agree to release, discharge, waive and hold harmless the Islamic Society of Darwin and its employees, agents, instructors, board elected Executive members, volunteers, staff, leadership, owners or advisors for any incident, actions or conduct resulting in personal injury, accident, or illness to my child, not limited to negligence, gross negligence and recklessness.

I expressly agree that the forgoing waiver of liability is intended to be as broad as is permitted by the laws of the Northern Territory and Australia and if any portion therefore is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully read and voluntarily sign this waiver of liability and fully understand its contents and meaning as a full waiver of all claims, liability and indemnity against the Islamic Society of Darwin or any of its employees, agents, instructors, board members, volunteers, staff, leadership, owners or advisors. I hereby agree to abide by all the rules and regulations of the school.

Parent / Guardian's Signature: _____ Date: _____

All Session held between Asr to Isha (Monthly Voluntary contribution is highly recommended for this program)

Jazakumullahu Khair for contributing to the Masjid. Please note that all your contribution transfers directly to Islamic Society of Darwin's bank account to cover the operational costs of the Masjid.

We need your continuous support to enhance the community services.

For Official Use Only

Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No, Reason:
Contribution Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No, Reason:
Name	
Sign and Date	