

Registration Form

Weekend Madrasah : Ulumul Qur'an

COURSE PARTICULARS

<p>Branch Location :</p> <p>Kovan Branch Only</p> <hr/> <p>Day :</p> <p>Saturday Only</p> <hr/> <p>Time :</p> <p>09.00am to 12.00pm <input type="checkbox"/></p> <p>(applicable for Ulama' till Uzama' only)</p> <p>01.30pm to 03.00pm <input type="checkbox"/></p> <p>(applicable for Mustakshifiin & Mutahaddin only)</p>	<p>Level :</p> <p>Ulama' (6 to 7 years old) <input type="checkbox"/></p> <p>Fuqaha' (8 to 10 years old) <input type="checkbox"/></p> <p>Hukama' (11 to 12 years old) <input type="checkbox"/></p> <p>Uzama' (13 to 14 years old) <input type="checkbox"/></p> <p>Mustakshifiin (14 to 15 years old) <input type="checkbox"/></p> <p>Mutahaddin (16 years and above) <input type="checkbox"/></p>
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STUDENT'S PARTICULARS

<p>Full Name</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>NRIC No :</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Date of Birth : <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Race : Malay / Chinese / Indian / Others</p> <p>Nationality : _____</p>	<p>Home Address</p> <p>_____</p> <p>_____</p> <p>Postal Code <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Contact Numbers</p> <p>Home : <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Father's Mobile : <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Mother's Mobile : <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Office : <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>In Case of Emergency, contact :</p> <p>Name : <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Relationship To The Child : _____</p>
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FOR OFFICIAL USE ONLY :

<p>Date Joined :</p> <p><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Remarks :</p> <p>_____</p>	<p>All document received upon registration:</p> <p>A copy of child's birth certificate <input type="checkbox"/></p> <p>A copy of parents i.c <input type="checkbox"/></p> <p>Any other document(s) : (Please state) _____</p>
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HANIS Learning Centre Pte Ltd

PARENT'S PARTICULARS

Mother's Full Name

NRIC No :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Race : Malay / Chinese / Indian / Others

Nationality :

Qualification :

Occupation :

Father's Full Name

NRIC No :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Race : Malay / Chinese / Indian / Others

Nationality :

Qualification :

Occupation :

PARENT'S EMAIL ADDRESS

Father's Email Address :

Mother's Email Address :

Other Email Address :

TRANSPORT SERVICE

Transport Required ?

Yes

No

Pick Up / Drop Off Location :

Transporter's In Charge :

Transporter's Contact
Number :

Transport Pick Up Time :

Transport Drop Off Time :

I agree to pay the fees promptly, material fees on a yearly basis and I understand that the material fees will not be refunded in the event that I wish to withdraw my child. I will give one month written notice to **HANIS** Montessori Kindergarten, failing which my deposit will be forfeited, and I declare that all the particulars given above are true.

Name Of Applicant

Relationship To Child

Signature

Date Of Registration

***** Education is not received. It is achieved. *****

