



YOUNG KHULAF A' INSTITUTE

REGISTRATION FORM

Photo here

FITYAN
SYABAB
AWLAD

IQRA/TAHFIZ

Students Personal Particulars:

Student's Full Name : _____

NRIC No: _____ Gender/Age: _____ Date of Birth : _____

Name of Father : _____

Name of Mother : _____

Residential Address: _____

Tel (H) : _____ (Mobile) : _____ Email Address : _____

Session interested:

Sat : 8.30am - 11.30am 11.30am - 2.30pm 2.30pm - 5.30pm

Sun : 8.30am - 11.30am 11.30am - 2.30pm 2.30pm - 5.30pm Others :

Educational Background:

Name of School Attending : _____

Level / Stream attending : _____
(eg. Sec 3 Science)

Schools / Institutions Attended :

School / Institution	From Year	To Year	Highest Standard

ECA in school :

Type	From Year	To Year	Position Held (if any)

Religious background:

Religious Classes presently attending : _____

Have you attended any religious classes before? YES / NO

If YES, please give details :

Venue	From Year	To Year	Subjects Taken

Have you attended any Quran / Iqra' reading classes before? YES / NO

If YES, please give details :

Venue	From Year	To Year	Subjects Taken

How would you rate your Qur'an reading ability ?

Poor / Moderate / Fluent

ASSESSMENT LEVEL :

ASSESSED BY :

Family Background:

Full Name	Relationship	Sex / Age	Occupation	HP no. & Email
	FATHER			
	MOTHER			

I, _____ Parent / Guardian of the abovementioned have hereby consent my child / ward to participate in Young Khulafa' Weekend Madrasah 2008 and its other related activities organized by Fellowship of Muslim Students Association (FMSA). I understand that FMSA has taken every precautionary measure to ensure minimal risks in my child / ward participation in the programmes and I will not hold FMSA responsible for any loss and/or damage of property/loss and/or injury to my child/ward life.

Signature

Date