



ISLAMIC RELIGIOUS EDUCATION AND DA'WAH

Ar-Rukun Mosque

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ENROLMENT FORM

PARENT'S NAME:

ADDRESS:

CONTACT NUMBER:
(MOBILE)

EMAIL ADDRESS:

PREFERRED CONTACT METHOD: EMAIL/ SMS/ WHATSAPP MESSAGE
(PLEASE CIRCLE)

**PLEASE NOTE THAT CHILDREN UNDER 5 YEARS OLD MUST BE ACCOMPANIED DURING CLASS.
THANK YOU FOR YOUR UNDERSTANDING.**

DETAILS OF CHILD/ CHILDREN

CHILD 1

NAME:

DATE OF BIRTH: SEX: MALE/ FEMALE

QURAN READING ABILITY: IQRA/ MUQADDAM/ QURAN/ NIL
(IF KNOWN, PLEASE CIRCLE)

CHILD 2

NAME:

DATE OF BIRTH: SEX: MALE/ FEMALE

QURAN READING ABILITY: IQRA/ MUQADDAM/ QURAN/ NIL
(IF KNOWN, PLEASE CIRCLE)

CHILD 3

NAME:

DATE OF BIRTH: SEX: MALE/ FEMALE

QURAN READING ABILITY: IQRA/ MUQADDAM/ QURAN/ NIL
(IF KNOWN, PLEASE CIRCLE)

CHILD 4

NAME:

DATE OF BIRTH: SEX: MALE/ FEMALE

QURAN READING ABILITY: IQRA/ MUQADDAM/ QURAN/ NIL
(IF KNOWN, PLEASE CIRCLE)

PARENT'S SIGNATURE: DATE:

OFFICE USE: INFORMATION HAS BEEN REGISTERED YES/ NO