Zikra Quran Class & Centre for Developing Minds

Malé, Republic of Maldives

Registration No:

Registration Form

1. Student Information

Name:		
Age:	Gender:	ID No:
Current Address:		
Permanent Address:		
School:		
Grade:	Time in School:	

2. Desired Classes

☐ Mathematics ☐ English ☐ Dhivehi ☐Others (*pls specify*)

Time: ☐ 3:00pm – 4:00pm ☐ 4:00pm – 5:00pm ☐ 5:00pm – 6:00pm

3. Quran Class

☐ Akuru / Fili Class ☐ Raagu Class

Desired Time:

4. Parent / Guardian Information

Name:		
Mobile:	Contact:	Relationship with the Student:
Current Address:		
Permanent Address:		

Signature of Parent / Guardian: Date:

1. For Official Use

Received by:

Signature: Date:

*** Please submit ID copy of the student along with this form**