



Adult Tajwīd Application Form

Please fill in each section of this form in **BLOCK CAPITAL LETTERS** using black ink

Section 1: Applicant Information

Forename: _____ Surname: _____
Place of Birth: _____ Date of Birth: _____
Address: _____
Postcode: _____ Contact Number: _____
Email Address: _____

Please give details of any medical conditions or allergies the applicant may suffer from

Section 2: Detail of Islāmic Education

Has the applicant completed nāzirah (recitation of the complete Qur'ān)? Yes No
Has the applicant memorized any portions of the Qur'ān? Yes No

If Yes, then please give details:

Please give details of previous Islāmic Education

Course/Book, Course Teacher	Parts Studied	Grade

Section 3: Emergency Contact Details

Contact 1: _____ Relation to Applicant: _____
Contact Number/s: _____
GP Name and Address: _____

GP Contact
Number:

Section 4: Choice of Course

Which course are you applying for? Beginner level Tajwīd Intermediary level Tajwīd Advanced level Tajwīd

Where did you hear of this course?

Why do you wish to enrol at this institution?

Any other comments:

Section 5: Declaration

Rules and Regulations

1. Applicants must be at least 18 years of age.
2. All students must adorn an Islamic dress code suitable for reciting the Holy Qur'ān when attending classes.
3. All students will be expected to respect and adhere to the class timings set by As Suffah Academy.
4. In case of absence, late arrival or early leave requests students should inform their teacher to ensure the class runs smoothly.
5. The student will be responsible for any damage caused to As Suffah Academy (e.g. graffiti), and any cost will be borne in full by the parents or guardians.
6. As Suffah Academy has the full right to dismiss any student where it seems necessary.
7. In case of change of address or phone number, one should immediately notify As Suffah Academy. If one fails to do so, As Suffah Academy will not be responsible for any occurrences in correspondence or emergencies.

I declare that the information given on this form is correct and accurate to the best of my knowledge. I accept and agree to abide by the rules and regulations of As Suffah Academy as mentioned above. I consent to the information given to be held on file under the terms of the current Data Protection laws.

Signature of Applicant:

Date:

For Official Use Only

Date Received:

Date Acknowledged:

Date of Admission:

Signed: