## **Personal Details** Name of Student: ..... Date of Birth: ...... Year Level: ..... Approx. Driving distance from Al Siraat College: ...... **Contact Details** Father's Name: Work Tel: ...... Home Tel: ..... Mobile: ..... Email: ..... Mother's Name: ..... Work Tel: ...... Home Tel: ..... Mobile: ..... Email: ..... **Prior Knowledge of Quran** Is the student able to read competently from any place in the Quran? Yes / No Does the student have a thorough understanding of all the rules of Tajweed? Yes / No How much of the Quran has your child memorised? ..... Commitment

Are you aware of the time commitment and academic load of this program? Yes / No

## **Behaviour**

PLEASE NOTE: EXEMPLARY BEHAVIOUR IS A REQUIREMENT OF THE ILM PROGRAM		
Are you willing to:		
Sign and help enforce a behavio	our contract if provided? Yes / No	
Support the Teacher/College w Yes / No	ith regards to any behaviour related	l issues that may arise?
Name	Signature	Date
CHECKLIST – FOR OFFICE U	JSE ONLY	
Academic Assessment		
Religion Subjects Assessment		
Behaviour Assessment		
Notes:		