

## Registration Form

## Section A: To be completed by Applicant Surname Other Names Nationality State of Origin Contact Address Gender Date of Birth Last Primary School Attended Last Secondary School Attended Class Applied to Describe Parts of the Qur'an memorized



## $Section\,B.\,To\,be\,completed\,by\,parent\,or\,guardian$

Parent's or Guardian's Name																									
Relationship with applicant																									
e-Mail																									
Telephone No																									
Does applicant have any known health issues/medical challenges?																									
Preferred Ex	aminatio	n C	entr	e:P	leas	e tic	ckas	sap	prop	oriat	е														
												]	Kano												
□ Abuja																Portharcourt									
												] \	War	ri											
	Lagos																								
Attestation: Itrue and corr									усо	nfirn	n tha	at the	e inf	orm	atio	n pr	ovid	ed ir	n thi	s ap	plic	atio	n for	m is	i
Signature of	lian:												Date	):											