



Huffaz Registration Form



Academic Year: 2025

STUDENT INFORMATION			
Student Full Name _____			
Date of Birth _____ / _____ / _____			
Gender <input type="radio"/> Male <input type="radio"/> Female			
Current Level in Qur'an <input type="radio"/> beginner <input type="radio"/> Less than 5 paras <input type="radio"/> more than 5 paras			
Home Address _____			
City _____		Zip Code _____	
Mobile Number _____			
CONTACT INFORMATION IN CASE OF AN EMERGENCY			
Contact Person Full Name _____			
Emergency Contact Number _____		Alternative Number _____	
Relationship to Student _____			
SELECT OPTION: CHECK			
	Check		Check
FULL TIME HIZF CLASSES	<input type="checkbox"/>	PART TIME HIZF CLASSES	<input type="checkbox"/>

Note: All new students will undergo a brief assessment.

Signature: _____

Date: _____

