



# LMA ISLAMIC COLLEGE

## MADRASAH HOLIDAY PROGRAM

Welcome to LMA Islamic College. Please complete the following registration form and submit it to our administration staff in order to promptly process your application. Please contact the LMA Islamic College Office for enquiries relating to the course.

### Student Details:

Gender:  Male  Female

Given name (s): \_\_\_\_\_

Family name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of main stream school: \_\_\_\_\_

class level at main stream school: \_\_\_\_\_

### Payment Options:

Registration Fee: **\$70.00**

*Notes & further payment information:*

- i) Payments can be made on or prior to the commencement of the Shariah course.*
- ii) Payments must be made within the first 3 weeks of the term.*
- iii) A Payment plan may be arranged in case of financial difficulties.*
- iv) No refund policy.*



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### Payment Methods:

**Bank Transfer (EFT)**

Please put your name in description and "LMAQC"

Bank: Arab Bank Australia

Account name: Lebanese Moslem Association

BSB: 917111

Account No: 240151400

**Cheque**

Please attach cheque to form

**Credit Card**

Credit Type:  Visa  MasterCard  AMEX

Name on Card: \_\_\_\_\_

Card No: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I authorise Lebanese Muslim Association to charge my credit card  
the registration fee amount of \$70 per child.

### Declaration:

I understand that providing false information or withholding information relevant to my application with LMA Islamic College may result in the withdrawal or termination of my enrolment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## LMA ISLAMIC COLLEGE MADRASAH HOLIDAY PROGRAM

### Emergency Contact Details:

Full name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Student Medical Details:

Does your child suffer asthma?  Yes  No

If yes, medication to be given during asthma: \_\_\_\_\_

Major illness or disability: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications to any Allergies: \_\_\_\_\_

Medications needed in general: \_\_\_\_\_

	Name	Occupation	Contact number
Father/guardian's:			
Mother/guardian's:			

### Medical Declaration:

In the event of illness or injury to my child while at school or an excursion or travelling to and from school, I authorise the principal or a senior staff member, if/where it is impossible to contact me, to consent to emergency medical treatment as is necessary by a qualified medical practitioner.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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