أكاديمية سيمرا الإسلامية

SEMRA ISLAMIC ACADEMY

No.2 Niger Street, Sun City Estate, AMAC ABUJA,
Email:semra.suncity@gmail.com

Attach two (2) Passport photographs here

STUDENT REGISTRATION FORM

Name……

Date of Birth……Age……

Sex……Student's Phone No……

Parent/Guardian's Name……

Parent's Phone No:…… Parent's E-mail……

Home Address:……

……

Office Address:……

……

Tick the desired program: normal Islamiyya ☐ special classes ☐

DECLARATION

I, ……shall abide by the School Rules and Regulations. I declare that the above information is true and I also undertake to pay all terms dues and provide all needed materials that will aid and improve my academic performance.

Student's signature……Date……

FOR SCHOOL USE ONLY

Admitted on……

Class admitted into……

……

Head Teacher's signature