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REGISTRATION FORM YEAR 20____

STUDENT'S PARTICULARS		
Full Name		1 st / 2 nd / 3 rd / ____ Child
Date of Birth	Student's Mobile No.	Student's Email Address
Health issues and/or other relevant information		

STUDENT'S PARTICULARS		
Full Name		1 st / 2 nd / 3 rd / ____ Child
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STUDENT'S PARTICULARS		
Full Name		1 st / 2 nd / 3 rd / ____ Child
Date of Birth	Student's Mobile No.	Student's Email Address
Health issues and/or other relevant information		

PARENT'S PARTICULARS		
Father's Full Name		
Father's Mobile No.	Home Phone No.	Parent's Email Address
Mother's Full Name		Mother's Mobile No.
Mailing Address		
Singapore ()		

I, the undersigned, hereby submit my child / ward to be instituted into Madrasah Jaafariyah under the Jaafari Muslim Association Singapore (JMAS) and Muslim Youth Assembly (HBI). I agree to abide by all its rules and regulations.

 Parent's Signature

 Date