



**PARENTAL SKILL ENHANCEMENT  
 & CORRECT RECITATION OF THE QUR`AN COURSE**

*Please complete the following details and bring this completed form with payment slip.*

Name of Candidate (**IN BLOCK LETTERS**): .....

Name of the Student:..... Student ID: .....

Class: ..... Section: .....

**NID/Passport No (Applicant):** .....

**N. B. We will use the address below for all future correspondence. Therefore, please take special care while writing your address to ensure that it is correct.**

Contact/Home/Present Address: (C/O or S/O): .....

Email:.....Tel.(Office):.....

Mobile No: .....(Mandatory)

Please choose the desired Batch and fill-up:

Batch Name	Timings	Days

**Data Protection Fair Collection Notice:** Under the terms of the Averroes International School's Data Protection Act, the School is required by law to manage any personal information you give to us about yourself or your child securely and only for the purposes we have specified. For the information you provide, these are as follows:

- To maintain academic and educational records of our family members
- To maintain accurate financial records
- To register our families
- To be able to cater for any special needs our families may have
- To distribute information to families

**Disclaimer**

The Averroes International School take all reasonable steps to provide continuity of service. We feel sure you will understand, however, that we cannot be held responsible for any interruptions caused by circumstances beyond our control. If courses or their results are disrupted, cancelled or delayed, every effort will be made to resume normal service as soon as possible. The Averroes International School's liability will be limited to the refund of the registration fee or re-taking the workshop at a later date.

**Please be informed that you will be sent an email and SMS on you mobile regarding your venue and timing of the course.**

***By signing this Consent Form, I agree to these terms set out above***

**Signature of Applicant:** \_\_\_\_\_

**Date** \_\_\_\_\_

For further information, please contact **Golam Hokkani Chowdhury, Cell No: 01964- 49 94 19**

**School's Administration Dept. Use Only.**

Payment Date: .....	Receipt No. ....
Officials Initials: ... ..	Registration Code: .....