Al-Hijrah College

Non Pareil

Registration Form

Instructions:

Application fee is N20,000 payable to Premier Hijrah Investment Limited, GT Bank Account Number 0018929431.

Please send scanned copy of the completed form and teller to cs@alhijrahcollege.com.

You will be contacted to confirm the date of the examination after submission.

Section A: To be completed by Applicant

Surname	
Other Names	

Nationality		State of origin	

Local Government	

Contact Address	

Gender		Date of Birth	

Last Primary School Attended	
E-mail Address	

Last Secondary School Attended	
E-mail Address	

Class Applied to	

Session		Term	

Describe Parts of the Qur'an memorized

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Al-Hijrah College

Don Dareil

Section B. To be completed by parent or guardian

Parent's/Guardian's Name	

Relationship with Applicant	

E-mail	

Telephone	

Parent's Residential Address	
Parent's Occupation	

Does applicant have any known health issues/medical challenges?

_____

_____

Preferred Examination Date (Saturdays and Sundays): ☐

Time: ☐ 10:00 am ☐ 12:00 pm ☐ 2:00 pm

Attestation:

I ....., hereby confirm that the information provided in this application form is true and correct to the best of my knowledge.

I hereby authorize Al-Hijrah College to request and receive Academic and Character References from the schools previously attended by the applicant, listed in this Admission form.

Signature of Parent or Guardian:..... Date:.....