



ILB
المدرسة العربية
Arabic School

ILB ARABIC SCHOOL

No. 140, 3rd Avenue, Gwarimpa, Abuja
(Landmark - GT Bank)

Phone: 08100977662 Email: ILB.arabicschool@gmail.com

Passport
Photograph

APPLICATION FORM

Year: _____

Application No.: _____

Pupil's Name: _____ Surname Name: _____

Date of Birth: _____ Age: _____ Sex: M F

Full Name of Parent: _____

State of Origin: _____ Occupation of Father/Guardian: _____

Place of Work: _____

Residential Address: _____ No.: _____

Full Name of Mother: _____

State of Origin: _____ Occupation: _____ No.: _____

WHICH SECTION ARE YOU APPLYING FOR?

CATEGORY	DAYS	TIME	TICK AS APPROPRIATE
Beginners	Mondays - Wednesdays	3pm - 6pm	
Beginners	Thursdays - Saturdays	3pm - 6pm	
Intermediate	Mondays - Wednesdays	3pm - 6pm	
Intermediate	Thursdays - Saturdays	3pm - 6pm	
Advanced (Tahfeez)	Saturdays and Sundays	8am - 2pm	
Intensive (Tahfeez)	Mondays - Thursdays	8:30am - 1:30pm	

To Which Surah Can The Applicant Recite Fluently? _____

Surah Reached In Memorisation: _____

[Please return the form with two (2) Passport size photographs, photocopies of previous Report sheet/card (if any) and Birth Certificate.]

FOR OFFICIAL USE ONLY

Admission Status _____ Reg. No: _____

Date of Admission: _____ Class Admitted into: _____

Acknowledge by: _____ Sign/Date: _____