**Ma’had ‘Aly Tahfidzul Qur’an al Husnayain Surakarta** Wonolapan RT 02/12 Wonorejo, Gondangrejo, Karanganyar Jawa Tengah

Mobile: 081215383561 www.al[husnayainsolo.com](mailto:husnayainputri@gmail.com)

|  |
| --- |
| Foto 4x6 |

**Formulir Pendaftaran Calon Mahasantri**

1. **IDENTITAS CALON MAHASANTRI**
2. Nama Lengkap : .......................................................................
3. Nama Panggilan : .......................................................................
4. Jenis Kelamin : .......................................................................
5. Tempat & Tgl Lahir : .......................................................................
6. Alamat Rumah : .......................................................................

.......................................................................

1. Anak ke : ……………..dari ………......………saudara
2. Telepon / HP : .......................................................................
3. Pekerjaan : .......................................................................
4. **IDENTITAS ORANG TUA CALON MAHASANTRI**
5. Nama Orang Tua
6. Ayah : .....................................................................................................................
7. Ibu : .....................................................................................................................
8. Pekerjaan Orang Tua
9. Ayah : .....................................................................................................................
10. Ibu : .....................................................................................................................
11. Pendidikan Terakhir
12. Ayah : .....................................................................................................................
13. Ibu : .....................................................................................................................
14. Penghasilan per bulan
15. Ayah : .....................................................................................................................
16. Ibu : .....................................................................................................................
17. Alamat Rumah : .....................................................................................................................
18. Telepon / HP : .....................................................................................................................
19. **RIWAYAT PENYAKIT**

Sakit yang pernah diderita : .....................................................................................................................

1. **RIWAYAT PENDIDIKAN FORMAL**

|  |  |
| --- | --- |
| **Jenjang Pendidikan** | **Lulus Tahun** |
| TK / Sederajat |  |
| SD / Sederajat |  |
| SMP / Sederajat |  |
| SMA / Sederajat |  |

1. **RIWAYAT PENDIDIKAN NON FORMAL**
2. **Kegiatan Yang Pernah Diikuti**
3. **Kegiatan yang Masih Berlangsung sampai Sekarang**

**Surakarta, ….. / ….. / 20**

**Petugas Pendaftar**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**