

ISA WEEKEND SCHOOL

REGISTRATION FORM 2019 – 2020



Student Name: _____ DOB: _____

WHAT GRADE WILL STUDENT BE STARTING THIS YEAR 2019? _____

PLEASE PRINT IN ALL SECTIONS BELOW

Father's Name: _____

Mother's Name: _____

Father's Phone#: _____ Email: _____

Can we text this number? (Circle One) Yes No

Mother's Phone#: _____ Email: _____

Can we text this number? (Circle One) Yes No

DOES YOUR CHILD HAVE ANY ALLERGIES/MEDICAL CONDITIONS?

No Yes If Yes, please explain _____

IN CASE OF EMERGENCY, PLEASE NOTIFY (OTHER THAN PARENTS):

NAME: _____ PHONE #: _____

RELATIONSHIP TO STUDENT: _____

NAME: _____ PHONE #: _____

RELATIONSHIP TO STUDENT: _____

We, as parents, will in sha'Allah provide full partnership with teachers of the ISA Weekend School to educate our child(ren) about the Deen of Allah (SWT). We pledge to follow the expectations and rules of the school to the best of our ability, in shaa'Allah.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ DATE: _____

PAYMENT INFORMATION (OFFICE USE ONLY)

Total Fees Due: \$ 200	FINANCIAL AID <input type="checkbox"/>	FORM RECEIVED <input type="checkbox"/>		
Amount Paid:	DATE	CASH <input type="checkbox"/>	CHECK# _____	CREDIT CARD—RECEIPT? YES NO
Amount Paid:	DATE	CASH <input type="checkbox"/>	CHECK# _____	CREDIT CARD—RECEIPT? YES NO
Amount Paid:	DATE	CASH <input type="checkbox"/>	CHECK# _____	CREDIT CARD—RECEIPT? YES NO

PAYMENT COMPLETE? YES NO DATE: _____ OFFICE INITIALS: