



## Student Registration Form

STUDENT(S) INFORMATION				
1	Last Name	First Name	Date of Birth	Gender
2	Last Name	First Name	Date of Birth	Gender
3	Last Name	First Name	Date of Birth	Gender

PARENT/GUARDIAN INFORMATION				
<b>Father</b>	Last Name		First Name	
<b>Mother</b>	Last Name		First Name	
<b>Guardian</b>	Last Name		First Name	
Address			City	State      Zip Code
Home Phone		Work/Cell Phone	Email Address	

PRIOR QUR'ANIC/ARABIC EDUCATION				
<b>Arabic Alphabets</b>	Child #1	<input type="checkbox"/> No Knowledge	<input type="checkbox"/> Knows little	<input type="checkbox"/> Fully proficient
	Child #2	<input type="checkbox"/> No Knowledge	<input type="checkbox"/> Knows little	<input type="checkbox"/> Fully proficient
	Child #3	<input type="checkbox"/> No Knowledge	<input type="checkbox"/> Knows little	<input type="checkbox"/> Fully proficient
<b>Qur'an Reading</b>	Child #1	<input type="checkbox"/> No Knowledge	<input type="checkbox"/> Slow Reading	<input type="checkbox"/> Reads fluently
	Child #2	<input type="checkbox"/> No Knowledge	<input type="checkbox"/> Slow Reading	<input type="checkbox"/> Reads fluently
	Child #3	<input type="checkbox"/> No Knowledge	<input type="checkbox"/> Slow Reading	<input type="checkbox"/> Reads fluently
<b>Memorization</b>	Child #1	<input type="checkbox"/> 1-10 surahs	<input type="checkbox"/> 11-30 surahs	<input type="checkbox"/> 30+ surahs
	Child #2	<input type="checkbox"/> 1-10 surahs	<input type="checkbox"/> 11-30 surahs	<input type="checkbox"/> 30+ surahs
	Child #3	<input type="checkbox"/> 1-10 surahs	<input type="checkbox"/> 11-30 surahs	<input type="checkbox"/> 30+ surahs
<b>Arabic Writing</b>	Child #1	<input type="checkbox"/> Letters	<input type="checkbox"/> Words	<input type="checkbox"/> Sentences/paragraphs
	Child #2	<input type="checkbox"/> Letters	<input type="checkbox"/> Words	<input type="checkbox"/> Sentences/paragraphs
	Child #3	<input type="checkbox"/> Letters	<input type="checkbox"/> Words	<input type="checkbox"/> Sentences/paragraphs

Fees & Miscellaneous	
Have you attended the ISM Qur'an Classes in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which level? Child #1 _____   Child #2 _____   Child #3 _____	

<b>Fees</b>	One-time Registration Fee	<input type="checkbox"/> \$25 per family <b>OR</b> <input type="checkbox"/> \$10 per student	<b>NEED-BASED TUITION DISCOUNTS/WAIVERS ARE AVAILABLE</b>
	Monthly Tuition	<input type="checkbox"/> \$30 per child per month	
	Mode of payment	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card (Monthly Withdrawal)	

HEALTH & EMERGENCY CONTACT INFORMATION	
Does the child have any serious health conditions or allergies?	

In cases of emergency, please contact:				
Last Name		First Name		Relationship to child(ren)
Address			City	State      Zip Code
Home Phone		Work/Cell Phone	Email Address	

PARENT/GUARDIAN SIGNATURE	
I certify that all the information provided is accurate to the best of my ability	
Signature X _____	Date _____
<b>OFFICE USE ONLY</b>	
Administrative Initials _____	Date _____