



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				
Father	Last Name		First Name	
Mother	Last Name		First Name	
Guardian	Last Name		First Name	
Address			City	State Zip Code
Home Phone		Work/Cell Phone	Email Address	
PRIOR QUR'ANIC/ARABIC EDUCATION				
Arabic Alphabets	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
Qur'an Reading	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
Memorization	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
Arabic Writing	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 _____				
Fees	One-time Registration Fee	<input type="checkbox"/> \$25 per family OR <input type="checkbox"/> \$10 per student		
	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)		
NEED-BASED TUITION DISCOUNTS/WAIVERS ARE AVAILABLE				
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 _____	
OFFICE USE ONLY				
Administrative Initials _____			Date _____	