



## SUNDAY ISLAMIC SCHOOL

(Aug 25<sup>th</sup> To Dec 8<sup>th</sup> 2019) - Registration Form Fall 2019

School timings: 10:30am - 1:40pm

### Student Information

No.	Last Name	First Name	New/ Returning	Grade	Date of Birth	Gender (M/F)	Languages spoken at home	Fee
1								
2								
3								
4								
5								

New Student:  Yes  No

### Family Information

#### Father's Information:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Languages you can speak: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **Mother's Information:**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Languages you can speak: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact #1: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency Contact #1: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Allergies: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

Fees Paid: \_\_\_\_\_ Cash/Check, Date of Payment: \_\_\_\_\_, Semester: Fall/Spring \_\_\_\_\_

Notes: \_\_\_\_\_

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For More information, send an email to: [Sunday.School@myisw.org](mailto:Sunday.School@myisw.org)