



SUNDAY ISLAMIC SCHOOL (2015-16)
(August 30th 2015- May 15th 2016)

Registration Form
(Reverts Classes)

Name: _____

e-mail: _____

Home Phone: _____

Cell Phone: _____

Occupation: _____

Business Phone: _____

Address:

Street City Zip Code

Signature: _____ Date: _____

Note:

Fee: \$100.00 per semester.

Office Use Only:

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