



Weekend Islamic School – Student Registration Form – Year : _____

PARENTS INFORMATION

New Reg. Old Reg. ID: [_____]

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Father's Last Name		First Name		Middle Name		Yes <input type="checkbox"/> No <input type="checkbox"/>
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Mother's Last Name		First Name		Middle Name		Yes <input type="checkbox"/> No <input type="checkbox"/>
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Home Phone	Cell Phone	Address				
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Email: _____		City	State	Zip		
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Fees: (for Office use)						
Annual Tuition : 1st child(\$300) : _____ 2nd(\$500): _____ 3rd (\$650): _____ 4+ (\$750): _____						
Would you like to Sponsor a child: Yes [<input type="checkbox"/>] No:[<input type="checkbox"/>] Amount \$: _____						
Total Dues: _____		Paid 1: _____	Paid 2: _____	Paid 3: _____	Balance: _____	
Payment mode: Cash:		Check: # _____		Remarks: _____		

EMERGENCY CONTACT (other than parents/guardians)

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Contact Name		Relation to Student		Phone	

STUDENT INFORMATION

Last Name	First Name	M/F	Date of Birth	For Office Use (Level)

Please make check payable to **EPMA** and write **“Weekend School”** in memo area.

Note: Families with Financial difficulties may apply for tuition assistance, subject to approval by School board. Please ask for the application form if needed.

- We have received and read the Rules and Etiquettes instructions and shall abide by the same.
- We do not hold EPMA its officers, shura, school board, teachers & volunteers legally liable for any consequences associated with the school or the masjid.

Parent/ Guardian Signature: _____ Date: _____