

2015-2016 Academic Year Registration FormPLEASE PRINT LEGIBLY – ALL FIELDS MUST BE COMPLETED

Father's last name:			Mother's last name:							
Father's first name:			Mother's first name:							
Street Address where child resides:										
City:										
Zip Code:										
Father's home phone:			Mother's home phone (if different):							
Father's work phone:			Mother's work phone (if applicable):							
Father	's cell phone:	Mother's cell phone:								
Father's email address:			Mother's email address:							
Email address for school communication:										
IMPORTANT: School communications will be sent via email. Please checkmark the box to acknowledge. □ I acknowledge that I will receive school communications via email.										
Initials:										
Emergency contact:										
Name:										
Relationship:										
Phone number:										
How did you hear about our school?										
#	Child's first and last name	Date of birth	Circle	Current	Grade	Current	Current			
		(mm/dd/yy)	one	grade in	registering	Islamic	grade in			
				Islamic school	for in Fall 2015	school attended	Regular school			
1		/ /	Male/	3011001	2013	attenaca	3011001			
			Female							
2		/	Male/							
			Female							
3			Male/							
4		/ /	Female Male/							
4		/	Female							
5		/ /	Male/							
-			Female							

Fees:	11 6200 5										
\$350 for the first child, \$300 for second child onwards. Fees are payable in two installments. 1 st installment is due with registration. 2 nd is due by Dec 15 th .											
rees are payable in two installments. 1 installment is due with registration. 2 is due by Det 15.											
For students in need of financial assistance, please contact SBIA for zakat assistance. All requests will be treated with strict confidence.											
		nce at school? Yes	□ No								
Does your child require any special assistance at school? ☐ Yes ☐ No If yes, please explain											
5 1311	II : 2 – V	_ N									
Does your child have any allergies? □ Yes □ No											
If yes, please explain	l										
Can we list your address and contact information in the school directory? ☐ Yes ☐ No											
	ot guarantee placemer										
to their age and ability. In the first month of school, teachers may recommend a change of grade if a											
	is better suited to a lo		•								
	stration and refund of		and amin your								
The last date to cancel school registration is August 23 for this academic year. Cancellations received by that date will incur a \$50 processing fee per student.											
	ed by that date will int ed after August 23 rd ar		ee per student.								
	from school during an		ot be eligible to reioin	the school until the							
following academic		,,,,,	,								
l,		he authorized parent/									
	e Suffa Guidelines for										
	not to hold Suffa or SB	IA responsible for any	damages due to my o	children's							
participation in Suffa	1.										
Signature:		Da	te:								
	PLEASE DO NOT WRIT	E RELOW THIS LINE -	EOR OFFICE USE ONL	v							
No. of children	LLASE DO NOT WITH	Total due	TOR OTTICE OSE ONE	•							
PAYMENT	Date	Check #	Amount	Receipt #							
Installment 1				'							
Installment 2											
Comments:				•							
Date	Comment										