

In the name of Allah, Most Gracious, Most Merciful

SAN FRANCISCO ISLAMIC SCHOOL

2009-2010 Registration Form

Please complete the form in legible print.

Father's Last Name:	Mother's Last Name:
Father's First Name:	Mother's First Name:
Street Address:	Street Address:
City:	City:
Zip Code:	Zip Code:
Home Phone #(1):	Home Phone #(2):
Home E-mail Add(1):	Home E-mail Add(2):
Father's Work Phone #:	Mother's Work Phone #:
Father's Work E-mail Address:	Mother's Work E-mail Address:
Father's Cellular #:	Mother's Cellular #:
Father's Pager #:	Mother's Pager #:
Emergency Contact Name & Phone #:	Emergency Contact Name & Phone #:

Child(ren)'s Name	Birth Date		M / F	Regular School Grade in Fall 2009 (KG, 1st, 2nd, etc)	Current Grade in Islamic School	New Student
	/	/				
	/	/				
	/	/				
	/	/				
	/	/				
	/	/				

QUARTER REGISTERING:	FALL <input type="checkbox"/>	WINTER <input type="checkbox"/>	SPRING <input type="checkbox"/>
----------------------	-------------------------------	---------------------------------	---------------------------------

REGISTRATION FEE IS \$120.00 PER CHILD PER QUARTER.

(continued on back)

Does your child require any special needs at regular school or any food allergies that we should know about? YES NO

If yes, please explain: _____

Listing of Home Address, Home Phone Number and Home Email Address in the School Directory (*Please check one box*):

- I want our Home Address, Home Phone Number and Home Email Address to be listed in the School Directory.
- I do not want our Home Address, Home Phone Number and Home Email Address to be listed in the School Directory.

Permission to take Child's Picture (*Please check one box*):

- I have no objection in having my Child's picture taken.
- I do not want my Child's picture taken.

I agree to abide by all school rules and regulations. I understand that the school cannot be held responsible or liable for any kind of damages.

Please Sign at the dotted line:

PLEASE NOTE: Should you require financial assistance please e-mail us at info@sfislamicsschool.org or call 650-291-2994 and we will follow up with you. Financial Aid information is handled in strict confidentiality. Please note that SFIS relies on student tuition to operate.

PLEASE DO NOT WRITE BELOW THIS LINE:

QUARTER	DATE OF PAYMENT	CASH/CHECK #	AMOUNT	RECEIPT #
FALL				
WINTER				
SPRING				

COMMENTS:
