



Al-Iman Saturday School Admission Application

Date of Application: _____

School Hours: 11:00 a.m. – 3:15 p.m.

Class: Religious Studies

(Salaat, Quran, Basic Quranic Language, Fiqh, Akhlaq, & Islamic History)

Transportation Required: Yes No

Previously Attended Classes? No If Yes, please specify grade _____ and teacher _____.

1st Child's Name: _____ DOB _____ M / F

2nd Child's Name: _____ DOB _____ M / F

3rd Child's Name: _____ DOB _____ M / F

4th Child's Name: _____ DOB _____ M / F

Home Address: _____

Home Phone: _____ Email: _____

Father's Name: _____ Work Phone: _____ Cell: _____

Mother's Name: _____ Work Phone: _____ Cell: _____

If the parent or guardian is not available in an emergency, notify:

Name: _____ Relationship to the Student: _____

Work Phone: _____ Cell Phone: _____ Email address: _____

I, the undersigned, hereby give authority to Al-Iman Saturday School to obtain the necessary emergency treatment for my child with the understanding that the family will be notified ASAP.

Parent's Name _____ Signature _____ Date: _____

Fee Payment Schedule

*Full payment must be made at the time of registration. *

<p><u>Without Bus Service</u> <input type="checkbox"/></p> <p>\$200/year</p> <p>\$150/year (each additional child)</p>

<p><u>With Bus Service</u> <input type="checkbox"/></p> <p>\$520/year</p> <p>\$390/year (each additional child)</p>

Amount Received	\$: _____	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	No. _____	Date: _____	Bal: \$ _____
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Amount Received	\$: _____	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	No. _____	Date: _____	Bal: \$ _____

Approved and Received by: _____ Date: _____