



MASJID AS-SUNNAH ISLAMIC SCHOOL APPLICATION

Starting Saturday August 27th, 2016

Family Last Name: _____

Mother: _____ Father: _____

Guardian: _____

Address: _____

Home Phone: _____ - _____ - _____ Cell/Work Phone: _____ - _____ - _____

Email: _____

List all students per family below

No.	Student Name		New Y/N	Sex M/F	Date of birth
	First Name	Last Name			
1					
2					
3					
4					
5					

Tuition Fee

The tuition fee includes 2 slices of pizza per child and is due by the first Saturday of each month. Delay in payment will result in your child not attending school. Please note payment tuition is mandatory for each month regardless of the number of school sessions attended during the month.

Monthly Tuition

One student:	\$53
Two students:	\$91
Three students:	\$116
Four students:	\$128
Five Students:	\$143

Trimester Tuition (3 months)

One student:	\$159
Two students:	\$273
Three students:	\$348
Four Students:	\$384
Five Students:	\$429

Parents need to also pay a onetime fee for the school books -\$60 per child.

Textbooks and workbooks payments are due upon registration. Delay in payment will result in parents buying the books directly from the supplier and not through the Masjid Islamic School.

Arabic language learning: Grade one through five - Textbook and workbook: \$25

Islamic studies: Grade one through five - 2 Year program with textbook and workbook: \$35 per child.

Note: Some students will not need to buy books as they will continue learning their current book next year. Please check with the school staff during the registration process.

Emergency Contact Information:

Name: _____ Phone number: _____ - _____ - _____

Relationship: _____

Health Information:

Injuries/illness: _____

Medication: _____

WAIVER AND RELEASE FROM LIABILITY

Please READ, PRINT NAME and SIGN.

I, the undersigned, am the parent/legal guardian of the aforementioned child / children and requesting admittance to the Saturday school at Masjid Assunnah . Furthermore, each STUDENT being enrolled is in good health, and does not suffer from any illness, disability, or condition that requires the taking of medication on a regular basis and any such condition is disclosed to and is accepted by the school administration. I also understand that there is no reason that each STUDENT on this form cannot or should not participate in vigorous practice or play. I, the undersigned, hereby expressly agree to be responsible for any medical bills incurred in the treatment of any illness or accident of the said STUDENT. In the event of any such accident or injury, I hereby give my full consent to allowing the Masjid Assunnah School Administration and its staff to procure any medical treatment deemed necessary and advisable on behalf of my child. I understand that, as a condition of admittance of each STUDENT, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant(s), hereby release; the Masjid Assunnah Saturday School and its Staff, all and every member of School, and the Instructors from all and any liability resulting from injury or illness, mental or physical, suffered by the STUDENT during or related to the school year.

Parents Name (Please print): _____

Parents Signature: _____ Date: _____ - _____ - _____