



# Baitul-Ilm Academy

## Registration Form

SCHOOL YEAR 2017 - 2018

### STUDENT'S INFORMATION

No .	First Name	Last Name	Gender	Birth Date	Allergies (Y/N)
1					
2					
3					
4					

### PARENT'S INFORMATION

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_ E-Mail \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Best Contact Option: | Phone | E-Mail | Text Message | \_\_\_\_\_

Emergency Contact (Name / Phone #) \_\_\_\_\_

#### MEDICAL INFORMATION

Does your child have any special medical/learning needs of which his/her teacher should be aware of? Yes / No.

If Yes please specify:

\_\_\_\_\_ (Special Needs/ Allergies etc.)

### TUITION INFORMATION

**The yearly family registration fee is \$50 and the family tuition for the academic year is \$750.**

(Our definition of a family is both parents and their children only)

Full payment for the academic year is \$750 and the amount is due at the time of registration, you may also choose the

Payment options below. 3 Payments of \$250.00 2 payment of \$375.00 Academic Year \$750.00

**Payment Option \$\_\_\_\_\_ (Make all checks payable to IMAMI)**

**Donations are greatly appreciated** Donation Amount: \$\_\_\_\_\_

***"WHO IS THERE AMONG YOU WHO WILL LEND TO ALLAH A GOOD LOAN THAT  
ALLAH MAY RETURN TO YOU AFTER MULTIPLYNG IT MANIFOLD" (57:11)***

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Would you be available to help in the Sunday School? Yes ( ) No ( )

If Yes, What area? Teacher's Support Lunch Field Trips Supervise at Namaz time Other

#### **By Signing below I agree to the following:**

1. I shall be responsible for the behavior of my child while on the premises of Baitul Ilm it shall be in accordance with guidelines set out in school Hand Book and I understand that if my child shows disrespect to the teacher, causes damage to the school property or does not co-operate with the management of the school, the administration has the right to suspend / dismiss my child.
2. I shall not hold Baitul Ilm and it's administration against any liabilities and/or claims from accident on Baitul Ilm premises.
3. I give permission to the faculty and administration to act according to their best judgment in case of medical emergency. I shall be notified as soon as possible in cases of illness, accidents and/or any emergencies; and that I shall be responsible for the cost of any treatment deemed necessary.
4. I will make sure that my child attends the Dhuhrain prayers with Jamaat.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_