



Islamic Society of Tampa Bay Area

7326 E. Sligh Ave Tampa, FL 33610

Phone: 813-628-0007 Fax: 628-0020

Dar Ul-Uloom Registration Form

Dar Ul-Uloom
Hours: 3:30-5:30 PM
Days: Monday – Thursday
Fees: \$50 / Month per child

PLEASE COMPLETE ONE REGISTRATION FORM FOR EACH CHILD BEING REGISTERED

Student's Name: _____

Street Address: _____ **Apt #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Sex: ☐ Male ☐ Female **Age:** _____ **Date of Birth:** _____

Name of School: _____ **County:** _____ **Grade:** _____

Primary Language: _____ **Secondary Language:** _____

Does child know how to read Arabic? ☐ Yes ☐ No **Has child memorized any *surahs* from Quran ?** ☐ Yes ☐ No

If yes, how many or which? _____

Father's Name: _____

Mother's Name: _____

Home Tel. #: _____ **Email:** _____

Father's Cell #: _____ **Mother's Cell #:** _____

Father's Work #: _____ **Mother's Work #:** _____

Medical History: (If more space is required, use the back of this form)

Does student have any medical conditions the school should be aware of? ☐ NO ☐ YES **If yes, what are they?**

Emergency Contacts:

1. _____	_____	_____
Name	Tel No.	Relationship to Child
2. _____	_____	_____
Name	Tel No.	Relationship to Child
3. _____	_____	_____
Name	Tel No.	Relationship to Child

Do you have any special considerations or requests that you would like to make the Mu'alim (Quran Teacher)?

Parent's Signature: _____ **Date:** _____

Office Use Only

Date Registered: _____ **Date Started:** _____ **Registered By:** _____