

# Islamic Society of Tampa Bay Area

## AL-HUDA WEEKEND SCHOOL

7326 E. Sligh Ave. Tampa, Florida 33610 | Tel: (813) 628-0007

Fax: (813) 628-0020

### Student Registration 2011-2012 / 1432-1433

**Tuition Per Child:** Child # 1 \$210  
Child # 2 \$205  
Child # 3 \$200

**Book Fee:** \$50/Child

#### Child #1:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Sex: Female Male Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Primary Language: \_\_\_\_\_ Other Language(s): \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Home Tel: \_\_\_\_\_ Email: \_\_\_\_\_  
Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_  
Father's Work: \_\_\_\_\_ Mother's Work: \_\_\_\_\_

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

Is student taking any regular medication? NO YES If yes, which? \_\_\_\_\_

Does student have allergies to specific foods, plants, medications, etc.? NO YES If yes, what are they? \_\_\_\_\_

What is the child's Quranic reading level? does not know how to read beginner intermediate advanced

#### Emergency Contacts

Name	Primary Tel	Secondary Tel	Relationship	Authorized to pick-up
_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

#### Child #2

Name: \_\_\_\_\_ Sex: Female Male  
Primary Language: \_\_\_\_\_ Other Language(s): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Is student taking any regular medication? NO YES If yes, which? \_\_\_\_\_

Does student have allergies to specific foods, plants, medications, etc.? NO YES If yes, what are they? \_\_\_\_\_

What is the child's Quranic reading level? does not know how to read beginner intermediate advanced

#### Child #3

Name: \_\_\_\_\_ Sex: Female Male  
Primary Language: \_\_\_\_\_ Other Language(s): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Is student taking any regular medication? NO YES If yes, which? \_\_\_\_\_

Does student have allergies to specific foods, plants, medications, etc.? NO YES If yes, what are they? \_\_\_\_\_

What is the child's Quranic reading level? does not know how to read beginner intermediate advanced

#### Office Use Only

Total Amount Due: \_\_\_\_\_ Paid: \_\_\_\_\_ Owed: \_\_\_\_\_ Due: \_\_\_\_\_ Paid in Full Date Registered: \_\_\_\_\_

Admitted to Level: Child # 1: \_\_\_\_\_ Child # 2: \_\_\_\_\_ Child # 3: \_\_\_\_\_ Child # 4: \_\_\_\_\_ Child # 5: \_\_\_\_\_ Child # 6: \_\_\_\_\_