

Islamic Society of Arlington, Texas

1700 South Center St • Arlington, TX 76010 • Phone (817) 461-8415 • Fax (817) 460-2473

Night Time Tahfeeth School Registration Form

Student(s):

1. Full Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____ Age: _____ Grade: _____	3. Full Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____ Age: _____ Grade: _____
2. Full Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____ Age: _____ Grade: _____	4. Full Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____ Age: _____ Grade: _____

Address: _____

City: _____ State: **TX** Zip: _____ Home Phone Number: _____

Parent Name: _____

Father's Work Number (cell): _____ Mother's Work Number (Cell): _____

Email address: _____

Name and Number to Call in an Emergency: _____

Declaration: I hereby authorize the Islamic Society of Arlington, Texas to take my child to a licensed physician or medical center in the event of emergency in which neither parents can be reached.

Parent Signature _____ Date _____

Tuition fee:

\$ 65 per child per month

Pay in advance

School timing 5:00 PM to 8:00 PM on Monday - Friday

Classes commences from Dec 4th 2006

Approval _____

Principal/ In charge _____