

**Al Sahaabah Islamic School**

Inspiring young minds to the beauty of Islaam

**Registration Form**

Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Mobile/Cell: \_\_\_\_\_

**Attending Student(s) Information:**

Name	Date of Birth	Gender	School Grade	AIS Grade
				Kindergarten - or - First Grade - or - Quran - E, J, S Arabic - E, J, S Islamiyat - E, J, S

Is any parent AIS Teacher?                      Yes                      No  
 If yes, do you opt for teacher discount?      Yes                      No  
 I request tuition fee exemption for my children due to financial conditions.    Yes                      No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REGISTRAR / OFFICE USE ONLY**

Tuition Exception Requested:    Yes    No    Tuition Exception Granted: N/A Other: \_\_\_\_\_

Discounts Eligible for: (circle one)                      Multiple Siblings                      Teacher

Minimum Amount Due: \_\_\_\_\_ Total Amount \_\_\_\_\_ Final Amount w/Discount: \_\_\_\_\_

\_\_\_\_ Monthly Payment Plan    \_\_\_\_ One Semester Payment    \_\_\_\_ Two Semester Payment    \_\_\_\_ Not Paid

\_\_\_\_ Check # \_\_\_\_\_                      \_\_\_\_ Cash                      Amount Paid: \_\_\_\_\_

(Please make all checks payable to IAFW)

Received By: \_\_\_\_\_                      Entered In Roster: \_\_\_\_\_

REGISTRAR signature: \_\_\_\_\_                      Date: \_\_\_\_\_