

ISNS AL-IHSAN ACADEMY

IJAZA PROGRAM 2015-2016

REGISTRATION FORM

PHONE: (224) 216-7174 WEB: http://isnsalihsanacademy.weebly.com EMAIL: isnsalihsanacademyquranicschool@gmail.com (Please Print *ALL FIELDS ARE REQUIRED* ONE Application Form Per Family)			
Today's Date:		From October 29, 2015 to June 26 th , 2016	
STUDENT INFORMATION			
*Full Name:		*Gender:	
*Street Address:			
P.O. Box:	City:	State:	ZIP Code:
What Masjid do you frequent?	*Mobile Phone No.: (____)_____	*Home Phone No.:	_____
How did you know about Al Ihsan Academy Ijaza Program? (please check one box):			
<input type="checkbox"/> Friend <input type="checkbox"/> Flyer <input type="checkbox"/> Email <input type="checkbox"/> Website <input type="checkbox"/> Other _____			
Email (Most Communication is through Email):			
Class schedule and Fees:			
Registration & Payment Rules: Please fill out the form completely. Spaces are limited. Completed (applied and paid) registrations will be given first priority. Student must pay for the month ahead of time or leave post-dated checks/credit card info for monthly deductions. Registration is not complete without payment.	Class schedule: Thursday PM 6:30pm-7:30pm (Sisters Only)	Tuition/Discounts: <ul style="list-style-type: none"> • Thursday (Sisters Only): \$150/month • TBD (Brothers Only): \$150/month 	
IN CASE OF EMERGENCY			
*Name of local friend or relative (not living at same address):		*Relationship to Registrant:	*Phone No.: ()
I <i>affirm</i> that the above information is complete and true to the best of my knowledge.			
_____		_____	
<i>Student/Parent/Guardian Signature</i>		<i>Date</i>	