

**Islamic Society of the Washington Area**  
**School Registration Form**  
**Saturday Islamic School**

Date: \_\_\_\_\_

**Parent Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

**Student Information:**

Name	Date of Birth	Class
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Emergency Contact Information:**

Name: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**Fees:**

\$100 per child (10 months)

Enrollment Date: \_\_\_\_\_

**ISWA Record**

Amount Paid	Date	Check#	Cash
_____	_____	_____	_____