



Registration Form

First Name: _____
Last Name: _____
Email: _____
Phone: _____
Gender: Male Female
Year of Birth: _____

Do You:

Speak Arabic? Yes No
Read Arabic? Yes No
Attend Islamic School? Yes No
Attend Sunday School? Yes No
Teach in Sunday School? Yes No

Do you want to register for the next semester? Yes No

Signature: _____

Date: _____

Instructor Use Only

Instructor's name: _____ Semester: _____ Group# _____
Student attendance: _____
Student behavior: _____
Homework & practice: _____
Student's interest in learning: _____
Student's Improvement this semester: _____
Recommended level for the next semester: _____
Notes: _____

Office Use Only

Student ID: _____ Semester: Fall Spring Summer Year: _____
Tuition: _____ Paid: Cash Check Reg. Date: _____
Notes: _____