

# Dar Al- Huda Student Registration Form

## 2016 – 2017

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

Returning / New student

Father Last name: \_\_\_\_\_ Father First name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Primary: \_\_\_\_\_ (Home/Cell) Secondary : \_\_\_\_\_ (Home/Cell)

Mother Last name: \_\_\_\_\_ Mother First name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Primary: \_\_\_\_\_ (Home/Cell) Secondary : \_\_\_\_\_ (Home/Cell)

Email Address (es): \_\_\_\_\_

Home Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Child /Children Information:

### PLACEMENT (Office Use Only)

Last Name	First Name	Date of Birth	School Grade (2015-2016)	Arabic	Quran	Islamic Studies

### In case of an EMERGENCY please contact (Other than parents):

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

In case my child (ren) \_\_\_\_\_ is/are involved in an accident or emergency situation, Dar Al-Huda School has my permission to take my child (ren) to a hospital and the right to perform any needed procedure.

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

\*Please note that registration fees and down payments are NON-REFUNDABLE

<http://www.daralhudaschool.org/>

**For Office Use Only :**

Total Tuition due: \_\_\_\_\_ Registration fee: \_\_\_\_\_

Discount Amount: \_\_\_\_\_ Reason: \_\_\_\_\_

Total Amount Due After Discount: \_\_\_\_\_

DATE	TYPE OF PAYMENT CASH/CHECK	AMOUNT	BALANCE

**Paid in full:**

Yes                      Office signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTES:**

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