

ISSB Student Registration Form



Student Information:

First Name: _____ Last Name: _____

Preferred name: _____

Date of birth: MM / DD / YYYY

Accepting children born before April 5th, 2008

Has your child previously attended ISSB schooling?

Yes

* If Yes, for how long? _____

No

Additional children:

First Name	Last Name	Date of Birth	Previously attended

Parent Information:

Father's name: _____ Phone: _____

Address: _____ E-mail: _____

City/State/Zip Code: _____

Mother's name: _____ Phone: _____

Check if following information is same as above

Address: _____ E-mail: _____

City/State/Zip Code: _____

Registration Fees:

A \$50 Registration fee per child per month due upon registration.

➤ Can be paid in a one-time payment of \$150 or on a month-to-month basis.

* Payments can be made in cash or check made out to **ISSB**.

➤ Cost of books and other materials to be discussed at first class meeting.

Signature: _____ Date: _____

Please visit our website for additional program information: www.islamsb.org