

In the name of Allah, the Beneficent, the Merciful

MUSLIM CENTER OF NEW YORK

137-58 GERANIUM AVE. FLUSHING, N.Y. 11355 (718) 445-2642 FAX: (718) 445-2175

QUR'ANIC SCHOOL

HIFZ CLASS

STUDENT NO.: _____

DATE: _____

NAME OF STUDENT: _____
LAST FIRST MIDDLE

DATE OF BIRTH: _____ AGE: _____
MONTH DATE YEAR

NAME OF PARENT /GUARDIAN: _____

MAILING ADDRESS: _____

PHONE NO: HOME: _____ WORK: _____

IN EMERGENCY: NAME: _____ PHONE: _____

PARENT / GUARDIAN'S
SIGNATURE

OFFICIAL USE ONLY

CLASS ASSIGNED: _____ REG. FEE RECEIVED: _____

ADMISSION DATE: _____

RINCIPAL'S SIGNATURE

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MUSLIM CENTER OF NEW YORK

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QUR' ANIC SCHOOL

ADMISSION FORM

STUDENT NO.: _____

DATE: _____

NAME OF

STUDENT: _____

LAST

FIRST

MIDDLE

DATE OF BIRTH: _____

AGE: _____

MONTH

DATE

YEAR

SOCIAL SECURITY NO: _____

MALE

FEMALE

NAME OF PARENT

/GUARDIAN: _____

MAILING

ADDRESS: _____

PHONE NO:

HOME: _____ WORK: _____

BROTHER/SISTER IN

SCHOOL: _____

IN EMERGENCY:

NAME: _____ PHONE: _____

REGISTRATION FEE \$ 10.00 FOR EACH CHILD. \$30.00 p.m. FOR FIRST CHILD \$ 15.00 P.M. FOR SECOND CHILD. \$10.00 P.M. FOR THIRD OR ADDITIONAL CHILD.

I have read and agree with the rules and regulations of the SUNDAY ISLAMIC SCHOOL and will abide by them, *InshaAllah*.

PARENT /
GUARDIAN'S SIGNATURE

OFFICIAL USE ONLY

CLASS ASSIGNED: _____

REG. FEE

RECEIVED: _____

FEE COMMENT: _____

ADMISSION DATE: _____

PRINCIPAL'S SIGNATURE