

AL NOOR WEEKEND SCHOOL

REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

Section one: Student Information

Student's Name _____
Last First Middle

DOB: _____ Age: _____ Male: _____ Female: _____

Address: _____
Street City ST Zip

Does your son/daughter have any special needs: (example: Hearing, Speech, Learning.....)
Please explain: _____

List languages student speaks: _____

Section Two: New Student Academic Information

Attended Islamic School before: Yes _____ No _____

If yes, when and where: _____

How do you rate your son/daughter in Arabic? Reading: _____ very good _____ good _____ poor

Writing: _____ very good _____ good _____ poor

How do you rate your son/daughter in Quranic Pronunciation? _____ very good _____ good _____ poor

Section Three: Parents/Guardian Information

Mother's: Name _____ Father's Name _____

Phone: _____ Phone: _____
Home Cell Home Cell

Email: _____ Email: _____

Emergency Contact: (1) _____
Name Phone

(2) _____
Name Phone

Section four: Brother/Sister Registered with Al Noor Weekend School

1. _____ 3. _____

2. _____ 4. _____

Parent's Signature: _____ Date: _____

1 Student	__ \$ 45	Semester	_ \$ 90	year	_ cash	_ chk
2 Students	__ \$ 80	Semester	_ \$160	year	_ cash	_ chk
3 Students	__ \$105	Semester	_ \$210	year	_ cash	_ chk
4 Students	__ \$140	Semester	_ \$280	year	_ cash	_ chk
5 Students	__ \$175	Semester	- \$350	year	_ cash	_ chk

Paid _____ Owe _____