



### STUDENT Information

	LAST NAME:	FIRST NAME:	MI	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:	ALLERGIES:	MEDICATIONS:	GROUP (ADMIN ONLY)
1								
2	Last:	First:	MI	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:			
3	Last:	First:	MI	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:			
4	Last:	First:	MI	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:			
5	Last:	First:	MI	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:			

STREET ADDRESS:		APT#:
CITY:	STATE:	ZIP CODE:
PHONE:	EMAIL:	
PRIMARY LANGUAGE SPOKEN:	OTHER LANGUAGES:	

### PARENT/ GUARDIAN Information

#### Enrolling Parent

<input type="checkbox"/> Resides With <input type="checkbox"/> Does not reside with	Relationship:	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify)
LAST:	FIRST:	MI	OCCUPATION:
CELL PHONE:	WORK PHONE:	EMAIL:	

#### Other Parent

<input type="checkbox"/> Resides With <input type="checkbox"/> Does not reside with	Relationship:	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify)
LAST:	FIRST:	MI	OCCUPATION:
CELL PHONE:	WORK PHONE:	EMAIL:	



# QURAN INSTITUTE

## APPLICATION FORM **2017-2018**



### EMERGENCY Contact

#### Emergency Contact & Authorized Alternate to pick-up children from school:

Full Name:	Relationship:	Best # to Call:	ADDRESS:
Full Name:	Relationship:	Best # to Call:	ADDRESS:
Full Name:	Relationship:	Best # to Call:	ADDRESS:

May we photograph your child for publicity purposes?  YES  NO

WEEKEND SCHOOL Preference:  SATURDAY  SUNDAY (Final Decision will be based upon the Quran Institute's availability)

#### Signature and Release:

I/we understand that although the Quran Institute Program will be staffed by mature and responsible volunteers/teachers who will do their best to ensure the wellbeing of students during the program, I/We are fully responsible for any accident or injury to myself/our child/ren and I/we shall not find the Program Committee, their supporting organizations, independent consultant, its officers or any program volunteer liable for any accident or injury.

Furthermore, it is my/our responsibility to instruct my/our child/children to observe proper Islamic behavior and obey the regulations that have been provided by the program organizers. I have read and understand the conditions of the participation in the Quran Institute's Program and am signing below as an indication of my intent to have myself /my child/ren participate in the Quran Institute Program.

NAME:	RELATIONSHIP TO STUDENT:
SIGNATURE:	DATE: