

TAWHEED CENTER
29707 WEST 10 MILE ROAD
FARMINGTON HILLS, MI 48336

ISLAMIC SUNDAY SCHOOL

STUDENT REGISTRATION FORM

Student's First Name: _____ Last Name: _____

DOB: _____ Grade/School: _____

Father's Name: _____ Mother's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Primary Phone: _____ Secondary: _____

Emergency Contact Information:

Name: _____ Phone: _____

Allergies (if any): _____

Physician's Contact Information: _____

Name of Person(s), other than Parents, to whom the Student may be released:

Are Parents member of Tawheed Center? (Y/N): ____ If no, do you want to become member? (Y/N): ____

Is this your first time attending Tawheed Center Sunday Islamic School: (Y/N): ____ If no, how long? ____

Student's Knowledge of Arabic Language (Circle One): Fluent Fair Intermediate Poor None

Fee: Amount Paid: \$ ____ Comments: _____

I give permission to Tawheed Center Sunday Islamic School to secure medical and/or emergency surgical treatment for the above named minor child while in their care.

Signature of Parent or Guardian

Date Signed