



Dar El-Eman Islamic Center

# REGISTRATION FORM

## → BASIC INFORMATION

Number of Registering Children: \_\_\_\_\_

Student First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Student First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Student First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Student First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

***\$100 Fee per Student***

Address: \_\_\_\_\_

Full Name of Guardian: \_\_\_\_\_

Guardian Phone Number: \_\_\_\_\_

Days: Monday Tuesday Wednesday Saturday

Time: \_\_\_\_\_

**Note:** Please note that that above guardian phone number is the phone number to contact for any school matters academically and administratively.

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use: Tuition Required: \_\_\_\_\_

**Tarteel Quran School**