



# Arabic Class for Adults Registration Form

www.fukuokamasjid.org

**Office Use Only:**

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

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

**Part I: Personal Information**

Name (Family) \_\_\_\_\_ (First): \_\_\_\_\_

Gender (Male/Female) \_\_\_\_\_ Age: \_\_\_\_\_

Contact Number \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please list any previous level of Arabic education) \_\_\_\_\_

What teaching language are you comfortable with? \_\_\_\_\_

**Section II: Emergency Contact Details**

Do you have any existing medical condition that requires special attention? If yes, please explain: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Blood group \_\_\_\_\_

Emergency Contact:

\_\_\_\_\_

Telephone No: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Privacy policy: The personal information you provide will be held securely in accordance with our internal policy.**

Signature \_\_\_\_\_ Application Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Seal: \_\_\_\_\_

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Registration form completed and signed  Tuition fee paid

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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