

Weekend Islamic School

Registration Form

Name of Applicant:

Tel: Date:

www.fukuokamasjid.org

www.school.fukuokamasjid.org

Fukuoka-shi, Higashi-ku, Hakozaki 3-2-18, Phone: (092) 6417022, Email: edu-admin@fukuokamasjid.org

Section I: Student Information

No.	Student's Na (Family)	ame (First)	Nick Name	Date of Birth (YY, MM, DD)	Age at 1st April.2010	Gender M/F	Class Level (KG, L1, L2, L3)
1							
2							

*Use additional forms for enrolling more than two children

Please list any previous level of Islamic education)

Period of Stay in Japan (From) (Until) Student Nationality:

What language your child is comfortable with

OPTIONAL: How would you rate your child's ability at:

Quran Recitation:	Beginner	Fair	Good	Excellent
Arabic Language :	Beginner	Fair	Good	Excellent
Islamic studies :	Beginner	Fair	Good	Excellent

Section II: Family Information

Father's Information: Name (Family)	(First):	
Contact Number	Email:	
Mother's Information: Name (Family)	(First):	
Contact Number	Email:	
Home Address:		
City:	Zip Code:	
Languages spoken at home, Please list: _		
Emergency Contact: 1		
Name	Telephone No:	Relationship:

Section III: Tuition

Tuition Fees for the second term (April'10 through Sep'10) are illustrated in this table.	One Child	¥2500	Three Children	¥6000
	Two Children	¥4500	Four Children	¥7000

Limit of Liability /Disclaimer: As a condition of participation in any of the school activity, I agree to assume the risk of injury for my children, arising from use of the facilities, programs and equipment. I hereby waive the school and the Masjid, its officers, Board, employees, agents and volunteers and contractors harmless from all claims of injury or damage, however it may be caused.

Parent Signature Print Name:	Application Date:Seal:	0)	
Registration form completed and signed Signed contract agreement received by:	Office use only	aid		
Comments:				