



Weekend Islamic School Registration Form

school.fukuokamasjid.org

Office Use Only:

Name of Student(s): _____
 Grade(s): _____
 Registration Date: _____

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

Section I: Student Information

No.	Student's Name (Family) (First)	Nick Name	Date of Birth (Year, MM, DD)	Age at April 1st .2010	Gender M/F	Grade in Public School
1						
2						
3						
4						

*Use additional forms for enrolling more than four children

Please list any previous level of Islamic education) _____

Student status: Japanese Citizen: _____ or: _____

Period of Stay in Japan (From) _____ (Until) _____

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: _____

Does your child live with both parents? Yes /No? _____

If no please provide the name of the parent/guardian: _____

Languages spoken at home: Japanese, English, Arabic, other: Please list:

Section III: Emergency Contact Details

Do any of your children have any existing medical condition that requires special attention? If yes, please explain: _____

Family Doctor: _____ Phone: _____

Address: _____

City: _____ State/Zip: _____

Child's Health Insurance No. _____

Blood group of your child _____

Emergency Contact:

1. _____

Name Telephone No: Relationship:

2. _____

Name Telephone No: Relationship:

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

Section IV: Tuition

Tuition Fees for the first semester (April '10 to September'10) are illustrated in the table.

One Child	¥2500
Two Children	¥4500
Three Children	¥6000
Four Children	¥7000

Total Fee: _____

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 _____ Application Date: _____

Print Name: _____ Seal: _____

Office use only

Registration form completed and signed Tuition fee paid

A copy of Birth Certificate submitted

A copy of Health Insurance Card submitted

Signed contract agreement received on: _____

Signed contract agreement received by: _____

Comments: _____

