

ISEB Weekend Islamic School

33330 Peace Terrace, Fremont CA. 94555 Ph # 510-429-4732

Registration Form

Name: First	Middle Int.	Last
Date of Birth :	Age :	
Grade Level :	Date of Admission :	
Father's Name :	Cell Phone #	
Mother's Name :	Cell Phone #	
Guardian's Name :	Phone #	
Home Telephone :		
Email Address :		

Emergency Information	
Contact Name :	Phone #
Doctor's Name :	Office Phone #
Allergies if any :	

Tuition Fee: Due on the first day of every quarter.	
Sept - Nov 2007 (1st Qtr) Dec 07 - Feb 08 (2nd Qtr) Mar 08 - May 08 (3rd Qtr)	
\$ 100 per child	\$ 175 for 2 children
\$ 225 for 3 children	\$ 250 for 4 or more children
Cost of Books : Varies per grade level.	

I hereby authorize the ISEB Weekend Islamic School to take my child to a licensed physician or medical center in the event of emergency in which neither parent / emergency contact can be reached. All the Medical bills including Emergency Room, Doctor, Medicines & Ambulatory services etc. are the responsibility of the Parents / Guardian. **ISEB is NOT RESPONSIBLE for any medical bills.**

I agree to pay the tuition fee and the cost of the books upon registration and on the due dates Promptly.

Parent / Guardian Signature : _____ **Date :** _____

Office Use Only		
Number of children :		
Paid by Check #	Cash : \$	Balance : \$
Received by :		