

Al Noor Weekend School

550 East Florida Ave Melbourne, FL 32901

Registration Form 2021-22 (Please Print only)

	First Name	Last Name	F/M	Date of Birth	Age	Main Language	Allergies/Medical conditions? Yes/No
1st Student							
2nd Student							
3rd Student							
4th Student							

Returning student: Yes ___ No ___ **Level:** 1st student ___ 2nd student ___ 3rd student ___ 4th student ___ **New student:** Yes ___ No ___

Student's Address _____ City _____ Zip _____

Mother's Name _____ Phone # _____ E-mail: _____

Father's Name _____ Phone # _____ E-Mail: _____

Emergency Contact "authorized to pick up your child/children"

Full Name: _____ Phone #: _____ Relationship to Student: _____

Full Name: _____ Phone #: _____ Relationship to Student: _____

By signing this form, I agree to follow all policies and procedures of Al Noor Weekend School.
My child will attend all classes and I will respect the start and dismissal time.

***NOTE: Tuition payment is Non-Refundable**

Parent Signature: _____ Date: _____

*******DO NOT WRITE BELOW THIS LINE*******

Office Use Only

Payment in cash or Make checks payable to: ISBC

Student's Level

	Quran	Arabic	Islamic Studies
1 st student			
2 nd student			
3 rd student			
4 th student			

Tuition

	1 st semester	2 nd semester
Full Year Amount Paid	Amount Paid	Amount Paid
Cash:	Cash:	Cash:
Check:	Check:	Check: