

Al Noor Weekend School

550 East Florida Ave Melbourne, FL 32901

Online Classes

Registration Form 2022-23

	First Name	Last Name	F/M	Date of Birth	Age	Main Language	Allergies/Medical conditions? Yes___ No___
1 st Student							
2 nd Student							
3 rd Student							
4 th Student							

Returning student: Yes__ No__ Last Year's 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

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

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