

CAMBRIDGE MUSLIM SOCIETY

JAAMIA UMAR AL-FAROOQ

RELIGIOUS SCHOOL REGISTRATION FORM

Evening Madrasah Evening Madrasah Evening Madrasah Hifz Class (Age 5 -	h (Age 6 - 10)		application	5 - 13) on for each individua nealth card of the stu				
PARENT/GUARDIAN	INFORMATION:							
Father's Last Name:	Father's Fi	rst Name:		Address: _				
Phone #: (Home)	(Cell)			(Email)				
Mother's Last Name:	Mother's F	irst Name: _		Address:				
Phone #: (Home)	(Cell)			(Email)				
Marital Status: Married: Divorced: Separated: Widowed: Single Child Lives With: Both Parents: Father: Mother: Legal Guardian EMERGENCY CONTACTS INFORMATION (OTHER THAN PARENT/GUARDIAN) (1) Name: Relationship with the student								
	(Cell):					_		
Phone#: (Home)	(Cell):		(Email) _					
Student Registration Details								
Last Name	First Name	Gender M/F	Age	DOB (DD/MM/YY)	Medical Conditions			

Please check the payment option and sign below:

		Pre-Authorized Payment Plan				
	(VISA/ Mastercard- Debit/ Credit, American Express, Discover)					
NOTE: Arrange a phone call to exchange the details. All information is locked on						
the TD's secure server. No information is saved here.						
Parent	t/Gı	uardian's Signature:				
Parent	t/G	uardian's Name:	Date:			
				•		
				•		
		FOR OFFICE		•		
Date Recei		FOR OFFICE I:/ Principal's Signature:	USE ONLY			
	ived	FOR OFFICE	USE ONLY Receipt #:	Parent FID:		
# of Studer	ived nt (s	FOR OFFICE 1:/ Principal's Signature:	USE ONLY Receipt #:	Parent FID:		
# of Studer	ived nt (s	FOR OFFICE I:/ Principal's Signature: s) Notes:	USE ONLY Receipt #:	Parent FID:		