



WEEKEND ISLAMIC SCHOOL | Student Registration Form

1241 BUFFORD RD. NORTH CHESTERFIELD, VA 23235 (804) 320-7333

Date ----/-----/-----

Father/Guardian _____ , _____
Last Name First Name Cell phone

Mother/Guardian _____ , _____
Last Name First Name Cell phone

Home Phone _____ Email _____

Emergency Contact Name& phone _____

Other than the parents who is authorized to pick up your child : _____

Any medical condition ,allergies or special need we need to know about:

I certify that I am the parent or legal guardian for the child listed below. I also authorize the Islamic Center of Virginia/Weekend Islamic School(WIS)to obtain through a qualified person, physician or hospital such medical care as necessary for the welfare of my children in case of any injury or sickness during the school hours. I hereby wave my rights or claims against the School. its teachers, administration, executive committee, board of trustees, and/or volunteers.

Signature _____ Date ----/-----/-----

| | | | | | |
|-------------------------------|---------------|----------------|--------------------|-----------------|--------------|
| Number of children per family | One (1) child | Two(2)children | Three (3) children | Four(4)children | Five or more |
| Cost per semester | \$ 175 | \$ 275 | \$375 | \$475 | \$575 |

| | Student Last Name, First Name | Date of Birth Month/Day/Year | Gender | Returning Student | Public/Private school grade |
|---------------------------------------|-------------------------------|---------------------------------|--------|-------------------|-----------------------------|
| 1 | | / / | M / F | Yes / No | |
| 2 | | / / | | Yes / No | |
| 3 | | / / | | Yes / No | |
| 4 | | / / | | Yes / No | |
| 5 | | / / | | Yes / No | |
| 6 | | / / | | Yes / No | |
| 7 | | / / | | Yes / No | |
| Total Registration For Family: | | | | | \$ |

Make checks payable to ICVA (WIS)
 There will be no refunds after the beginning of the semester.
 The Dues must be paid before the semester start.

