

Masjid Omar-Bin Abdul Aziz Islamic School

955 Harbins Road Lilburn, GA 30047 - Phone: 770-279-8606

APPLICATION FOR ADMISSION

Number: _____

Enrollment for: **Nazera** (Reading of Qura'n) **Summer** Islamic School **Sunday** Islamic School

Student's Information:

1) Student's Last Name: _____ First Name: _____ Middle Name _____ DOB: __/__/____

Male School Grade in: _____ Attended any of program at Masjid Omar: Yes: No

2) Student's Last Name: _____ First Name: _____ Middle Name _____ DOB: __/__/____

Male School Grade in: _____ Attended any of program at Masjid Omar: Yes: No

3) Student's Last Name: _____ First Name: _____ Middle Name _____ DOB: __/__/____

Male School Grade in: _____ Attended any of program at Masjid Omar: Yes: No

Parent/Guardian Information:

Parent's or Guardian's: Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Work Phone: (____) _____ Home phone (____) _____ Cellular Phone: (____) _____

E-Mail: _____

Emergency Contact Information: (Should be other than Parent/Guardian)

Emergency Contact: Last Name: _____ First Name: _____

Home Telephone: (____) _____ Work Phone: (____) _____ Cellular Phone: (____) _____

DECLARATION:

(1) The information I have given on the form is true and accurate to the best of my knowledge. (2) I have read and agree with the rules and regulations of **Omar bin Abdul Aziz Islamic School**. I will abide by them, Insha'Allah. (3) I hereby authorize the **Omar bin Abdul Aziz Islamic School** to take suitable steps necessary for the medical care of my children in case of emergency.

Parent's or Guardian's signature: _____ Date: __/__/____

FOR OFFICIAL USE ONLY

Date of Admission: __/__/____ Teacher Name: _____ Class Assigned: _____

Admission Fees: _____ Amount Received: _____ Receipt or Check # _____ Date: __/__/201____

Balance to be paid: _____ Comments: _____

Signed Principal or Designate: _____