|  Taha Islamic Academy school Registration form  |
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| Student Information |
| Name: |
| Date of birth: |  | Phone: |
| Name: |
| Date of Birth: |  | Phone: |
|  |  |  |
| Payment information |
| **First child: 80 dollar donation:****Second child: 65 dollar donation:****Third Child: 50 dollar donation:** **Total:**  |
| Payment method: Cash or Check |
| Parent or Guardian information |
| Name of a Parent or Guardian: |
| Phone: |  Alternative Phone: |
| Email: |  |  |
|  |
| Emergancy contact Information |
| Name of a relative not residing with you: |
| Phone number: |  |
| Alternative Phone number: | Address: | State: |
| Relationship: |  |  |
| Signatures |
| I authorize the verification of the information provided on this form.  |
| Signature of applicant: | Date: |
| Signature of Parent | Date: |