



## TAHA ISLAMIC ACADEMY SCHOOL REGISTRATION FORM

### STUDENT INFORMATION

Name:

Date of Birth\*:

Phone:

Name:

Date of Birth\*:

Phone:

\*Student's age must be 5 years and older

### REGISTRATION FEE\*

First Child \$100

Second Child \$80

Other:

Payment method: Cash or Check

\*If you are unable to register due to financial inability, please contact us for financial assistance

### PARENT OR GUARDIAN INFORMATION

Name of a Parent or Guardian:

Phone:

Alternative Phone:

Email:

### EMERGENCY CONTACT INFORMATION

Name of a relative not residing with you:

Phone number:

Relationship:

Alternative Phone number:

Address:

State:

### SIGNATURES

I authorize the verification of the information provided on this form.

Signature of Parent or Guardian:

Date: