| Taha Islamic Academy school Registration form | | |
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| Student Information | | |
| Name: | | |
| Date of birth: |  | Phone: |
| Name: | | |
| Date of Birth: |  | Phone: |
|  |  |  |
| Donation | | |
| **$50 $100 $150 $200 Other:**  ­ | | |
| 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: |