|  Taha Islamic Academy school Registration form  |
| --- |
| 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: |