

Student Registration Form

1) Family Information

Father's Last Name: _____ Father's First Name: _____

Mother's Last Name: _____ Mother's First Name: _____

Address: _____
Street Apt. # City State Zip

Father's Phone: _____ Mother's Phone: _____

Father's Email Address: _____

Mother's Email Address: _____

2) Student Information

#	Student Name		New? (Y/N)	Sex (M/F)	Date of Birth (MM/DD/YYYY)	Grade Entering	Arabic Level*	
	First	Last					Sp	Ed
1								
2								
3								
4								

* Please place a checkmark if the student is speaking Arabic (Sp), or has an educational (Ed) background in Arabic.

3) Tuition and Fees

- The annual tuition rate is \$3700 for the first student and \$3200 for the second student.
- **NO registration will be accepted after Friday, June 22nd.**
- The tuition may be paid in full at the beginning of the school year or in ten (10) monthly installments (August – May) through ACH debit (electronic withdrawal).
- **Financial Aid:** Families who have difficulty paying for tuition may qualify for financial assistance through the Zakat Sponsorship Program to cover a portion of the tuition costs. Please fill out the Zakat Sponsorship Enrollment form and submit it before Friday, June 15th, 2018, to enroll.
- By submitting this form, you accept responsibility for paying the full tuition, regardless of how long your child attends and irrespective of whether or not you pay the tuition in monthly payments. Please read our Late Enrollment and Early Withdrawal Policies for more details.

Please Carefully Read the Following before Signing

I, the undersigned, am the parent or legal guardian of the aforementioned child(ren) and I am requesting their admittance to Anoor Academy as Students. Furthermore, I consent that each Student being enrolled is in good health, and does not suffer from any illness, disability, or condition that requires taking medication on a regular basis and any such condition shall be disclosed to the school administration prior to enrollment. I also consent that there is no reason that prohibits each Student on this form from participating in vigorous practice or play. I, the undersigned, hereby expressly agree to be responsible for any medical bills incurred in the treatment of any illness or accident of my enrolled children. In the event of any such accident or injury, I hereby give my full consent to allowing Anoor Academy faculty and administration to procure any medical treatment deemed necessary and advisable on behalf of my enrolled children. As a condition of admittance, I, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant(s), hereby release Anoor Academy and its Faculty and Administration, all and every member of the school Staff and Board, and registered volunteers from all and any liability resulting from injury or illness, mental or physical, suffered by the Student(s) during or related to the school year.

I, _____, the legal parent/guardian of _____
Have read and understand the above and acknowledge and accept full responsibility as described above.



Signature

Date

All students who will be enrolling with Anoor Academy for the **first time** will also need to submit the following:

- Previous School Records Request (one per student entering 1st Grade or above)
- Copy of Birth Certificate (one per student)
- Copy of Social Security Card or Passport (one per student)
- Proof of Residence (one per family)
- Records of Immunization from a Physician (one per student)

I would like to volunteer some of my time to help Anoor Academy.

For each semester, I can volunteer the following hours:

Up to 5 5 – 10 10 – 15 15 or more

I would like to also be a member of the Anoor Academy Parent Teacher Organization (PTO)

I am applying for Financial Aid assistance (please turn in Financial Aid Application by June 1).

Parents enrolling their children are encouraged to complete the registration form and mail with registration fees to:

Anoor Academy, 4328 Waccamaw Blvd. Myrtle Beach, SC 29579

www.myrtlemosqueislamicociety.weebly.com

For School Administration Use Only

Administrator Signature _____ Date Received _____

of Students _____ Total Tuition Due _____ Registration Fees Due _____

Total Payments Received \$ _____ + \$ _____ = \$ _____
Registration Fees Donation

Check / Cash

Data Entry Enrolled in Financial Aid Sent Enrollment Packet Tested