



# Islamic School, Zainab Organization of Greater Seattle Enrollment Form

## Student Information:

I am a returning student

Name: First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Regular school grade: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Phone : (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

## Parent Information:

Name	Work Phone	Mobile Phone
Father: _____	(____) ____ - ____	(____) ____ - ____
Father Email Address: _____		
Mother: _____	(____) ____ - ____	(____) ____ - ____
Mother Email Address: _____		

## Previous Islamic Academic Information:

Has the child attended any Islamic school?  Yes  No  Home Schooled

If Yes, please list:

Name: \_\_\_\_\_ Level: \_\_\_\_\_ City: \_\_\_\_\_

## Medical/Insurance Information:

Name of medical insurance: \_\_\_\_\_ Plan & Policy: \_\_\_\_\_

Doctor/Clinic: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Does your child have any allergies:  Yes  No If Yes, please list \_\_\_\_\_

Is your child on any medication:  Yes  No If Yes, please list \_\_\_\_\_

Emergency Contact: In case of an emergency and we can't reach you at the above contact:

Primary: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Secondary: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_ - \_\_\_\_

## Carpool Program:

Are interested in participating in carpooling for student pick and drop with other parents in your area?  Yes  No

## Tuitions and Fees:

# of registered children per family	Tuition Per Trimester (3 months per trimester)	Tuition Per Year (3 Trimester per year)	Books & Materials
1 child (\$25 per month for 1st child)	\$75	\$225	\$15
2 children (\$20 per month for 2nd child)	\$135	\$405	\$15
3 or more Children (\$15 per month for 3rd child)	\$180	\$540	\$15

\* There is a cap of \$60 per month (\$540 per year) per family hence parents with more than three children enrolled in the school would only pay \$540 in fees per year.  
 \* The fees are collected quarterly but parents who pay the full yearly tuition at the beginning of the school year, will receive 11% discount on tuition so the tuition for one child will become \$200, for 2 children will be \$360, and for three or more children will be \$480.

## Financial Assistance Program:

- Would you like to be a sponsor deserving students? Yes  Number of children ( )
- Zainab School welcomes all students and families regardless of their ability to pay. If the school fees are a financial hardship for your family, please mark the box below and the school we will waive your fee obligation for this school.  School Fee Waiver

## Parents Volunteer Service Requirement

As part of admission process, parents are required to volunteer at least 12 hours per child per school year. We also require parents to take an active role in the educational process of their children and as such they are required to attend Parent teachers meeting and conferences.

- I agree to complete 12 hours of volunteer service at Zainab Sunday School
- I agree to attend Parents teachers meetings (three times a year)
- I agree to attend the parent teacher conferences as required by the school

## Authorization and Release of Responsibilities

The undersigned parent(s) or guardian(s) on behalf of themselves and their child (ren) agree to hold the Islamic School operated by Zainab Organization of Greater Seattle, its board members, teachers and volunteers, while acting within the scope of their duties harmless from all causes of actions, demands and claims, including the cost of their defense, arising in favor of the child participant or third parties on account of personal injuries, death or damage to property, arising out of the activities of the child participant in the Islamic School, Zainab Organization of Greater Seattle.

This form must have both parent/guardian signature(s). **(Please print).**

Father: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_  
 Mother: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

- Please contact Hameed Afssari at [hafssari@yahoo.com](mailto:hafssari@yahoo.com) if you have any questions.