

المدرسة الكليمية

Roll No:

ديترويت - ١٤٣٧ هـ

Date:

Student Information:

New		Returning		Darajah last Attended (If returning) :	
Name:			ITS ID:		
First		Middle		Last	
DOB:		DOB Hijri:		Grade in school:	

Parent Information

Fathers Name:		Contact No: Home		Cell:	
Mothers Name:		Contact No: Home		Cell:	

Address

Address:					
City:		State			
Zip code:		email Id:			(to receive emails)

Other Farzando in Family

Name:	Darajah:
Name:	Darajah:
Name:	Darajah:

Emergency Contact: List two local contacts to whom the student may be released in case of illness or any other emergency if unable to notify parent

Name	Tel No :
Relation	
Name	Tel No :
Relation	

Parents Sign: _____ Date: _____

Office Use: Check Details

Name on check: _____	Check #: _____	Date: _____	Amt#: _____
Name on check: _____	Check #: _____	Date: _____	Amt#: _____
Name on check: _____	Check #: _____	Date: _____	Amt#: _____

Head Moallim Sign : _____	Aamil Saab Sign : _____
Date : _____	Date : _____

روضۃ الاطفال

New		Returning	
Name:			ITS ID:
	First	Middle	Last
DOB:	DOB Hijri:		Sanad
Elearning id (if existing) :		Skype Id:	Hifz

Office Use: Check Details

Name on check:	Check #:	Date:	Amt#:
Name on check:	Check #:	Date:	Amt#:
Name on check:	Check #:	Date:	Amt#:

Parents Sign: _____	Date: _____
Head Moallim Sign : _____	Date : _____

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Somwaar (Monday) Online Madrasah Survey

Name:		Skype Id:
Would you want your farzand to be registered for Online Lisan u Dawat classes	Yes	No
Preferred Time:	email add:	Tel No:
=====		
Teacher/ Volunteer Allotted: _____	Contact No: _____	Time: _____

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Budhwar (Wednesday) Madrasah Survey

Name:		
Budhwar (Wednesday) Madrasah Classes attendance:	Masjid	Canton
email add:		Tel No: