

Quran Khitmah / Tafseer Class Registration Form

Student Information							
Student Full Name:	First			Last		Mi	
Date of Birth:	(mm/dd/yyyy)				nder:		
			Father I	nformation			
			- acrier i				
Father Full Name:	 First			Last		Mi	
Email address:							
Phone Number:			Work				
		N	∕lother	Information			
Mother Full Name:	First			Last		Mi	
Email address:							
Phone Number:							
C	ell			Work			
			Family I	nformation			
Address:							
Street Address						Apartment/U	Init#
City				State		ZIP Co	ode
Student lives with bo	oth parents?	YES	NO				
If no, explain:							
Student speaks Arab	ic at home?				YES	NO 🔲	Page 1 of 3
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Student read Quran before		YES	NO					
If yes, how much?								
Student finished Nooraniyah Qaidah ?		YES	NO					
Emergency Contact								
In case of emergency who should we contact first?	Mother	Father	Other					
If other, explain: Name		Relations	hip with stud	lent				
Address								
Cellphone		Work phone						
Health Info	ormation							
Does your child have any allergies? Yes No								
If yes, explain:								
Does your child need any assistance? If yes, explain:	No 🗀							
Does your child have any learning, attention, or beha ADD, autism, etc.) that we should be aware of? If yes, explain:	Yes	No						



Do you give us permission to picture your child? Post it on WhatsApp group be parents?	tween	Yes	No
Parent Agreement – Behavior Policy			
I understand that the school strives to provide a safe and positive environment child consistently demonstrates disruptive or harmful behavior, the school will me and issue two warnings. If the behavior does not improve after these warn school reserves the right to withdraw my child's enrollment.	first commun	icate with	ne
☐ I have read and agree to the Behavior Policy.			
Release of Liability statement:			
I hereby state that in consideration of my child/wardstudent) being allowed to participate at Al Hidayah Academy education progra Academy from any liability incurred due to negligence to the fullest extent per	ms, I release A	-	;
Further, I understand that I am welcome to stay at Al Hidayah Academy (Samm the program my child is participating in to take on responsibility of his/her wel that it is my responsibility to ensure that teachers and responsible adults at Al aware of and equipped to respond to any medical conditions my child has, incl to) being provided with readily accessible Epinephrine Pens in case of allergic r	l-being. I also Hidayah Acad uding (though	understand emy are	
Student Name:			
Signature of Parent/Guardian:	Date:		_
Printed name of Parent/Guardian:	-		