



Masjid Noor Madrassah Student Application

Student Name

First	M.I.	Last
Date of Birth	Age	Male <input type="checkbox"/> Female <input type="checkbox"/>

Home Address

Street		
City	State	Zip Code

Fathers Name

Name	Home Phone	Cell Phone	E-mail Address
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Mothers Name

Name	Home Phone	Cell Phone	E-mail Address
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Emergency Contact

Name	Home Phone	Cell Phone	E-mail Address
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Monthly Tuition Fee (Due 1st class day of each month) WEEKEND ONLY
 1 Child \$.50.00 2 Children \$75.00 3 Children \$100.00

WEEKEND PLUS WEEK DAYS.

1ST Child \$75.00 2 children \$100.00 3 children \$125.00

Liability Waver

As the parent/legal guardian of the afore mentioned minor(s), I hereby grant full permission to the Masjid Noor Madrasah. I assume full responsibility for any injuries and damages which may occur to this student(s) on, in, or about the premises of the said school, or arising out of its activities, and do hereby fully and forever release and discharge Masjid Noor, its trustees, its school, and all associated with it, including teachers, administrators, and volunteers from any and all claims, demands, rights of action, or causes of actions, present or future, whether same, be known, anticipated, or unanticipated, resulting from or arising out of the student(s) participation in the program and activities of the aforesaid school. I further grant permission to provide emergency first-aid and/or hospitalization to the student(s) in case of injury or illness as deemed appropriate by the school or a physician. Any medical expenses incurred for medical treatment shall be my responsibility.

Signature of Parents/Guardian _____ Dated _____