

In the name of Allah, Most Gracious and Most Merciful

ISLAMIC SCHOOL OF TALLAHASSEE

Part of Islamic Center of Tallahassee to provide Quality Education and Islamic Environment

Web: <http://www.ictallahassee.org/school/> Email: school@ictallahassee.org

3617 Old Bainbridge Road, Tallahassee, FL – 32303 / Phone: (850) 514 – 0100

School Registration for July – December 2006

I _____ would like to register kid/s in Islamic School of Tallahassee.

Emergency Contact Name: _____ Phone: _____

Other Phone No.: _____ Cell: _____

Address: _____

Student Names to be registered:

To be filled by parents			To be filled by School Administration				
Name	Sex	Age	Reg. Fee Received	Class Level For			Comment
				Arabic	I. Studies	Quran	

As the parent / legal guardian of the minor listed above, I grant permission to my son / daughter to participate in all activities planned by the school. I hereby fully and forever release and hold harmless the Islamic Center of Tallahassee and Shura Council members. The Tallahassee Islamic Week End schools, its principal, administrators and teachers from any and all claims by reason of accident, illness, injury, death, or other consequences arising or resulting directly or indirectly from participation in the Tallahassee Islamic Week End School. I authorize the Tallahassee Islamic Week End School to take necessary action in case of emergency if I am unable to be reached. Any medical expenses incurred for medical treatment shall be my responsibility.

Parents Signature _____

Administrator Signature _____

Date _____