



# ISD Sunday School

28 Salem Church Rd. Newark DE – 19713 ☎ 302-733-0373 ✉ sundayschool@isdonline.org

## School Year: 2014-2015 Registration Form

**PARENT INFORMATION:** Please use UPPER CASE only. Write legibly.

**Father's Name:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**STUDENT INFORMATION as of September 2014:** Please use UPPER CASE only.

**Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Male / Female

Name of Regular School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Male / Female

Name of Regular School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Male / Female

Name of Regular School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Male / Female

Name of Regular School: \_\_\_\_\_ Grade: \_\_\_\_\_

Office use:

IS \_\_\_\_\_

AR \_\_\_\_\_

QR \_\_\_\_\_

IS \_\_\_\_\_

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IS \_\_\_\_\_

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QR \_\_\_\_\_

- Please fill and turn the attached medical authorization form.
- Please check the box if any or both parents are willing to volunteer during Sunday school hours

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For office use only**

**Tuition Payment:** Only cash or check will be accepted

**One payment for entire year:**

1<sup>st</sup> Child: \$ 250

Additional children within the same family: \$ 200 each - max tuition for a family: \$650

	Entire school year 2014/2015
Paid: cash/check	
Receipt #	
Date:	

**OR 2 Payments:**

1<sup>st</sup> Child: \$ 125

Additional children within the same family: \$ 100 each

	September 2014 (Fall Semester)	January 2015 (Spring Semester)
Paid: cash/check		
Receipt #		
Date:		

Reduced tuition fees are available in certain cases: Please check with the principal or any member of Sunday school committee.

*Registration will be accepted only if 2013-2014 tuition is cleared.*

2013-2014 Tuition: Cleared: Yes / No \_\_\_\_\_

Registration fee will be waived if registered before September 28<sup>th</sup>.

Registration: Date: _____	Late registration fee (after Sept. 28 <sup>th</sup> 2014): \$50	Comment
	Paid or Waived:	

Books: (write short titles below)	Qty.	Qty.	Qty.	Comment / Date
	1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child	
Islamic Studies -1				
Islamic Studies -2				
Arabic-1				
Arabic-2				
Qur'an-1				
Qur'an-2				
Others (describe )				
Others (describe )				

Family Data Base ID	
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Comments: \_\_\_\_\_