



Sunday School
 At the Spokane Islamic Center
 6411 East 2nd Ave., Spokane Valley,
 WA 99212

For Office Use Only:
Date received:
Amount paid:
Balance:
Cash or Check:
Check #:
Financial Aid (Y/N):
Receipt #:

Registration Form
Academic Year 20_____

Student Information:

Name of Student (Last, First, Middle)	Date of Birth (MM/DD/YY)	Public School Grade	Sunday School Grade	Gender (M/F)

Home Address:

Street	City	State	Zip

Parent Information:

Name of Father (Last, First, Middle)	Home Phone	Cell Phone	Email
Preferred method of contact:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name of Mother (Last, First, Middle)	Home Phone	Cell Phone	Email
Preferred method of contact:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Important notes:

1. In the event school is cancelled due to bad weather or other unforeseen circumstances, a message will be sent to parents via their preferred method of contact. Be sure yours is indicated above.
2. The Sunday School Student-Parent Handbook is the primary resource for school related information including tuition, schedule, rules, and expectations. Please read it and return the signed Acknowledgement Form.

Parent Name: _____ Signature: _____ Date: _____