



Nawal Academy

State of Illinois Registered, IRS 501 (c) (3)

STUDENT REGISTRATION FORM

year _____

ENROLLMENT PROGRAM

- | | |
|--|--|
| <input type="checkbox"/> Hifzul Quran | <input type="checkbox"/> Revision of Hifz |
| <input type="checkbox"/> Nazirah & Tajweed | <input type="checkbox"/> Alim/Alimah Course (___ Year) |
| <input type="checkbox"/> Fiqh | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Weekends |

STUDENT INFORMATION

Full Name:

Date of Birth:

Street Address:

Apt #

City/ State/ Zip Code:

Home Phone:

Cell Phone:

Work Phone:

Email:

Emergency Contact:

Phone:

Email:

Previous Islamic Education:

PARENT'S / SPOUSE'S INFORMATION

Father's/ Spouse's Name:

Home Phone:

Cell Phone:

PAYMENT INFORMATION

Registration Fee: \$35.00 (non-refundable) Tuition Fee: Please check the website www.nawalacademy.com

Please make check payable to **Nawal Academy**

The tuition is due at the beginning of the classes. You will not be enrolled until all the necessary paper work and fees are submitted. The registration fee is non-refundable and will not be returned under any circumstances. Please make arrangements beforehand to maintain regularity and punctuality in your attendance.

APPLICANT'S AGREEMENT

I, _____, and/or _____ will abide by the
(Student's Name) (Parent / Guardian's Name)
following conditions for admission:

1. All the information I have provided in the Nawal Academy Registration Form is true and correct to the best of my knowledge.
2. I agree to pay \$_____ per payment by the 1st of every month until the amount is paid in full.
3. I agree to follow and respect the Nawal Academy rules and regulations and/or explain them to my child who attends Nawal Academy.
4. I understand that I am responsible for disciplining my child in case of violation of any Nawal Academy rules, in conduct and/or academics.
5. I understand that if any problem occurs, I will completely and fully accept the decision of Nawal Academy's Administration.
6. I give Nawal Academy Administration the authority to take necessary decisions to ensure my child's safety and well being when in their care. I give my child permission to participate in all activities deemed appropriate by Nawal Academy.
7. I indemnify Nawal Academy from any legal liability whatsoever.

Signature

Date

ADMINISTRATIVE USE ONLY

ENROLLMENT #: _____

REGISTRATION DATE: _____ MM / DD / YYYY

PLACEMENT TEST: _____

ADMISSION COMMITTEE: ___ Accepted ___ Rejected

PROGRAM ADMITTED: _____

REMARKS: _____

OFFICE ASSISTANT: _____

SIGNATURE / DATE

REGISTRATION CHECKLIST: ___ Payment Plan ___ Registration Fee ___ First Month Fee ___ Report Card

ADMINISTRATOR

SIGNATURE / DATE