



HIC | MASJID IBRAHIM ACADEMY REGISTRATION FORM

2022-2023 SCHOOL YEAR | \$150 [per child]

CHILD #1

STUDENT NAME: _____

DATE OF BIRTH: _____ GENDER: MALE FEMALE

FIRST

LAST

MONTH DAY YEAR

ANY MEDICAL ILLNESS OR ALERGY: _____

CHILD #2

STUDENT NAME: _____

DATE OF BIRTH: _____ GENDER: MALE FEMALE

FIRST

LAST

MONTH DAY YEAR

ANY MEDICAL ILLNESS OR ALERGY: _____

PARENT / LEGAL GUARDIAN NAME: _____

PHONE CONTACT #1: _____ PHONE CONTACT #2: _____

FIRST

LAST

FAMILY ADDRESS: _____

STREET

CITY

STATE

ZIP

EMAIL ADDRESS: _____

SIGNATURE: _____ **DATE:** _____

REGISTRATION FEE MADE VIA:

CREDIT/DEBIT CARD CHECK CASH HIC WEBSITE OTHER _____

RECEIPT / CONFIRMATION # _____ [PROVIDED BY ACADEMY ADMIN]

===== DO NOT WRITE BELOW THIS LINE | MASJID IBRAHIM ACADEMY USE ONLY =====

STUDENT REGISTRATION COMPLETED | NAME, CONTACT INFO, SIGNATURE, ANY MEDICAL CONDITION

PAYMENT METHOD _____ RECEIPT / CONFIRMATION PROVIDED

CONFIDENTIAL PAPERWORK SAVED AND FUNDS REPORTED TO HIC | MASJID IBRAHIM TREASURER