



AL-SIDDIQ SCHOOL

7360 W. 93rd Street, 2nd Floor, Bridgeview, IL 60455 (Registration)
7350 W. 93rd Street, Universal School, Bridgeview, IL 60455 (Academic)

School Time: 9:45a.m. to 3:00p.m. (Sundays only)

School phone on Sundays (708) 717-8187

School Accountant Phone(708) 430-5666 x7

Registration Form

Date: _____

إسم الأب باللغة العربية: _____ إسم العائلة باللغة العربية: _____

Please print

Father's Name _____
(First) (Last)

Father's Occupation _____ Wk # (____) _____

Mother's Name _____
(First) (Last)

Mother's Occupation _____ Wk # (____) _____

Home Address _____

City _____ State _____ Zip Code _____

Father Mobile (____) _____ Email Address _____

Mother Mobile (____) _____ Email Address _____

Home Phone: (____) _____ Other Email _____

Student's Information: (Please check the name of your family messenger.)

#	Student's Name	Date of Birth	Gender	Describe the Islamic School Attended?
1				
2				
3				
4				
5				
6				

What language does the child speak at home? _____

What language does the child read and write? _____

Please be thorough and specific about your child 's health and education needs, failure to do so will give Al-Siddiq school the right to expel the student and keep all the fees. Please answer the following questions:

Is any of the children receive any special education? Yes _____ No _____ If yes,
 Name of the student(s): _____
 Describe the nature of the issue: _____
 Clarify any special instruction: _____

Is any of the children has allergies or any other health issue that we need to know about? Yes ___ No ___ If
 yes, Name of the student(s): _____
 Describe the health issue: _____
 Clarify any special instruction: _____

Please provide any additional information that will support the teacher to work with your child.

Any educational or health issue must be shared with the child's teacher before the 1st day of attendance.
 Please provide information of 3 contacts who can pick up your child in case of an emergency.

#	Name	Relation ship to the student	Phone #
1			
2			
3			

Please read and sign the following statements:

- Al-Siddiq School staff is authorized to provide Emergency Medical Care to my child, including transferring to emergency facility. I will be responsible for all charges.
 Signature of Parent/Guardian _____ Date _____
- Al-Siddiq School staff is authorized to take my child to the Mosque for prayer or lectures.
 Signature of Parent/Guardian _____ Date _____
- Al-Siddiq School staff is authorized to photograph or videotape my child in school activities, and use that in school presentations and other activities. Please inform the teacher if you don't consent.
 Signature of Parent/Guardian _____ Date _____
- I agree to pay off all my children's tuition and other fees by the end of January of the current school year. Al-Siddiq School reserves the right to take appropriate action for non-payment.
 Signature of Parent/Guardian _____ Date _____
- I have read and fully understood the information above and below.
 Signature of Parent/Guardian _____ Date _____

Important information:

- Past Due Balance:** All past due balance must be paid before registration.
- Registration:** Pay registration fee, complete registration form, and a copy of the birth certificate for new students
- Refunds:** No discount, refund or transfer of the registration fee(\$200), also no tuition fee refund after 10/09/2016
- Discounts:** 10% tuition fee discount for payment in full during early registration from 04/10/16 to 05/13/2016
- Payments:** 4 Installment payment dates are 10/09/2016, 11/13/2016, 12/18/2016 & 01/22/2017.
- Payment after 02/01/2017:** must pay \$25 extra.
- Fees:** 5% credit card processing fee and \$45 returned check fee.