



AMERICAN MUSLIM OF LONG ISLAND

MASJID FATIMA AL ZAHRA

SCHOOL STUDENT REGISTRATION FORM

SCHOOL YEAR: _____

STUDENT INFORMATION

No.	Last Name	First Name	Date of Birth
1			
2			
3			
4			
5			

PARENT / GUARDIAN INFORMATION

Father's Name/Guardian: _____

Cell Phone: _____ Email: _____

Mother's Name/Guardian: _____

Cell Phone: _____ Email: _____

Home Address: _____

Emergency Contact: Name: _____ Phone: _____

MEDICAL INFORMATION

Is there any particular medical issue that your child may have or be experiencing that we should be aware of? Physical Disability Allergies Serious Illness

Please explain: _____

TUITION INFORMATION

Payment Type: Cash Check # _____ (Please make check payable to AMLI)