

REGISTRATION FORM

Information on this form will be used for home/school communications and planning purposes.

STUDENT INFORMATION

Name: _____ Date of Birth (mm/dd/yyyy): ___/___/_____ Gender: M / F

Address: Street _____ City _____ State _____ Zip _____

Siblings attending TAB: _____

PARENT/GUARDIAN INFORMATION**Mother****Father**

Name: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Best time to call: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

ALLERGIES**EDUCATIONAL INFORMATION**

Please check the appropriate box.

Item	Completed	Learning	Not Started
Salaat (Arabic)			
Salaat (with translation)			
Yassarnal Qur'an*			
Holy Qur'an Nazira*			
Hifz-e-Qu'ran: Number of Surahs memorized from Part 30:			

*If learning, kindly write the current status.

UNDERTAKING

- My child will be attending Tahir Academy Baltimore for the 2014-2015 academic year.
- I have received and read the handbook and shall have my child abide by the TAB policies.
- I reaffirm my commitment to bring my child to school on time and have him/her stay for the full length of the school day.

Parent Signature: _____ Date: _____