

# IAGD SATURDAY ISLAMIC SCHOOL

865 W. Auburn Road, Rochester Hills, MI 48307

## ADMISSION FORM 2018-2019

(PLEASE TYPE CLEARLY)

<i>First</i>	<b>Student Name</b> <i>Middle</i>	<i>Last</i>	New Student (√)	Date of Birth (mm/dd/yyyy)	Gender (M/F)	Last class attended at IAGD	Grade in Regular School	17-18 CL

**Parents' Name:** *First* *Middle* *Last*

**Address:** *Street*

*City* *State* *Zip*

**Phone:** Home Cell 1 Cell 2

**Email Address** **Are you a member of IAGD? (Y/N)**

**Emergency Contact Name**

**Emergency Contact Phone:** Home: Cell

**Parents are encouraged to volunteer 4 hours per semester and they are encouraged to do more. Indicate the area(s) you are most interested in working:**

**Kitchen Help**   
 **Gymnasium Help**   
 **Traffic Control**   
 **Discipline Control**   
 **Special Events**   
 **Teachers Aid**   
 **Other (Please specify)**

**Fee for the whole year:**

<b>One Child</b> \$350 (Members*) \$700 (Non Members)	<b>Two Children:</b> \$500 (Members*) \$875 (Non Members) <b>Additional per Child</b> \$50 (Members*), \$75 (Non Members) (3 or more Children)
--	---

A late fee of \$50 per child will be charged after Sept 08, 2018. The final cutoff for regular registration is Sept 15, 2018.

\* IAGD family membership required (\$300 Family, \$150 Individual)

**Total: \$** \_\_\_\_\_

For Office Use Only		
IAGD Membership verified (y/n)	New IAGD Member	Fee Code(T/D/W/P)
	<input type="checkbox"/> Checkomatic (√) <input type="checkbox"/> One time (√)	
Amount Paid: (Cash <span style="margin-left: 100px;">Check #</span> ) Date:		
Membership Amount:	Check #	Signature: