

IAGD SATURDAY ISLAMIC SCHOOL

865 W. Auburn Road, Rochester Hills, MI 48307

ADMISSION FORM 2009-10

<i>First</i>	Student Name <i>Middle</i>	<i>Last</i>	New Student (√)	Date of Birth (mm/dd/yyyy)	Gender (B/G)	Last class attended at IAGD	Grade in Regular School	08/ 09 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

It is required of parents 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:

One Child	\$350 (Members*)	\$700 (Non members)	Two Children:	\$500 (Members*)	\$850 (Non members)
			Additional \$50 per Child		

A late fee of \$25 per child will be charged after August 30, 2009. The final cutoff for late registration is October 04, 2009.
 A \$200 per child penalty will be charged after the cutoff date.

* IAGD family membership required

Total: \$ _____

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