

STUDENT REGISTRATION FORM

Islamic Center of Kent (ICK)

20857 108th Ave SE, Kent, WA 98032

Student Information:

First Name _____	Last Name _____
Address _____	
Address Line 2 _____	
City _____	State _____ Zipcode _____
Date Of Birth _____	
Please mention any illnesses the child may be suffering from:	

Education Level:

Number of Surah Memorized _____
Can read / Write Arabic YES _____ NO _____

Parent Information:

First Name _____	Last Name _____
Home Phone _____	Cell _____
Email Address _____	

Emergency Contacts:

Name	Relationship	Contact Number

I testify that the above information is correct. I also agree to ensure that my child/children will abide by the guidelines contained in the Rules and Regulations sheet.

X _____ Date _____

Office use only:

Application status	Student ID	Placement