



Islamic Center of Kent

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

In the Name of Allah, the Beneficent, the Merciful

For office use only

- New
- Returning

ID# _____

IQRA MAKTAB Application for Admission

Students Name: _____
First Name Middle Name Last Name

Date of Birth: _____ Place of Birth _____ Grade _____

Father's Name: _____ Place of Birth _____

Mother's Name: _____ Place of Birth _____

Home Address: _____ Apartment # _____

City: _____ State: _____ Zip Code: _____

Home Tel: (____) _____ - _____ Cell: (____) _____ - _____

Email: _____

Emergency Contact:

(Name): _____ Phone: (____) _____ - _____

Emergency Contact:

(Name): _____ Phone: (____) _____ - _____

Does the student have any of the following? (Check all applicable)

Asthma: ___ Heart Disease: ___ Epilepsy: ___ Allergy: ___ other: _____

Mental or Physical Handicap? ___ If Yes specify: _____

Does the student have any sight, hearing or impairment that would require attention?



*****OFFICE USE ONLY*****

Class Placement: _____ Fees Paid: _____ Accepted by: _____

Principal's Signature: _____

Terms and Conditions

- Class schedule is Monday to Thursday, 5:00 pm to 7:00 pm
- Monthly tuition fee is \$100.00 (One hundred USD).
- All tuition fees due must be paid before the student can attend class. (Book fee of \$50 plus first month's tuition of \$100.00)
- All school rules in written or other form must be always adhered to.

I hereby additionally consent that my son/daughter,

_____ (Official name of applicant)

upon admission to Maktab, for participation in all Masjid's activities and hereby execute this AGREEMENT, WAIVER AND RELEASE on the Applicant's behalf and discharge any and all claims for damages for personal injury, death, or property damage, mental or emotional harm of any kind which he may have or may hereafter accrue to the Applicant as result of participation in said activities, except as non-waivable by law. This release is intended to and shall discharge in advance Masjid, and (its officers, employees, volunteers, and agents) from all liability arising out of or connected in any way with the Applicant's participation in said activities. It is further agreed that this waiver and release is to be binding on the Applicant, his parents/guardians, and assignees. I agree to indemnify and to hold Masjid, and (its officers, employees, volunteers, and agents) free and harmless for any loss, liability, cost, or expense occurred as result of his/her death, injury, or property damage that the Applicant may sustain while on the premises of Masjid, and while participating in programs and activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A LEGALLY BINDING AGREEMENT AND A RELEASE OF LIABILITY, A LEGALLY BINDING CONTRACT BETWEEN MASJID, AND ME AND THE APPLICANT. I SIGN IT OF MY FREE WILL. ANY UNENFORCEABLE PROVISION IN THIS AGREEMENT SHALL BE SEVERABLE AND SHALL NOT AFFECT THE ENFORCEABILITY OF ALL OF THE AGREEMENT'S OTHER PROVISIONS.

Parent Name (print)

Parent Signature

Date