Imam Academy SE
825 Jetstream Ct.
Webster, TX 77598
Ph: 281-204-8710

Iman Academy SW
6240 HWY 6 South
Houston, TX 77083
Ph: 281-498-1345

FAMILY / STUDENT REGISTRATION FORM

PLEASE PRINT CLEARLY and USE A PEN WITH BLACK OR BLUE INK. Thank You!

SCHOOL YEAR _____ / _____   **IA CAMPUS** ❑ SW ❑ SE

No.	Student's First Name	Student's Last Name	Grade Level	New Student? If yes, please fill the Data Sheet Form.
1.				❑
2.				❑
3.				❑
4.				❑
5.				❑

Father / Guardian	**Mother / Guardian**
First Name **Last Name**	**First Name** **Last Name**
Home Address	**Home Address (If Different)**
City **State** **Zip Code** **County**	**City** **State** **Zip Code** **County**
Home Ph. **Work Ph.** **Cell/Pager Ph.**	**Home Ph.** **Work Ph.** **Cell/Pager Ph.**
Email address	**Email address**
Employer	**Employer**

Student Pick-Up and Emergency Contacts (Other Than Primary Parent Info).

No.	First Name	Last Name	Phone	Relationship to Student
1.				
2.				
3.				

1. Allow my children to be photographed at school: ❍ YES   ❍ NO

2. I/We have read and understood the policies and procedures that have been outlined in the FAITH Parent/Student Handbook for Iman Academy. We agree to adhere to all policies in this Handbook to the best of our abilities and pay the required tuition and other fees set by Iman Academy.

3. I authorize school personnel to consent to medical treatment for any of my child in cases of emergency and to take my child to medical facilities they deem necessary and to contact the person and physician names provided by me.

4. Iman Academy reserves the right to revoke admission or enrollment at any time with or without a reason, whether occurring prior to the time of application, during the time of application, or after the admission decision has been made. Any decision to revoke admission or enrollment to Iman Academy will be made at the discretion of admission.

Parent/ Guardian Name: _____   **Signature:** _____   **Date:** _____

* Requirements for all new students: Attach a copy of Birth Certificate, Immunization Record, Social Security Card and Previous School Records (Report Card)

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STUDENT DATA SHEET

Enrolled Date /   /   **Grade Level**

Student First Name   **Last Name**   **Social Security Number (Required)**

Home Address Street   **City**   **State**   **Zip Code**   **Home Ph.**

❑ **Female**   ❑ **Male**

Date Of Birth   **Place Of Birth**

Ethnicity (Optional)   ❑ **Asian**   ❑ **Hispanic**

❑ **Black or African American**   ❑ **White**   ❑ **Other-Specify**

❑ **Father**   ❑ **Guardian**

Father/Guardian First Name   **Father/Guardian Last Name**

Home Address (If Different From Above)   **City**   **State**   **Zip Code**

Home Ph.   **Work Ph.**   **Cell/Pager Ph.**

❑ **Mother**   ❑ **Guardian**

Mother/Guardian First Name   **Mother/Guardian Last Name**

Home Address (If Different From Above)   **City**   **State**   **Zip Code**

Home Ph.   **Work Ph.**   **Cell/Pager Ph.**

Previous School Name   **Complete Address: Street/City/State/Zip Code**   **Telephone No.**

MEDICAL INFORMATION

Physician Full Name   **Complete Address: Street/City/State/Zip Code**   **Telephone No.**

Allergies/Disabilities/Chronic Health Problems: ❑ **No**   ❑ **Yes, please explain below**

Referred By: _____

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TUITION & FEES AUTHORIZATION FORM

Parent / Guardian

❏ Father ❏ Mother ❏ Guardian

First Name   Last Name

Home Address   City   State   Zip Code

Home Phone: Cell Phone: Email:

Students List

No.	Student's First & Last Name	Grade Level	Book Fees	Total Tuition/Year
1.				
2.				
3.				
4.				
5.				
Total Book Fees & Tuition			$	$

Payment Schedule

❏ Annual Lump Sum   ❏ Semi-Annual Lump Sum   ❏ Monthly

Payment Method

❏ Postdated Checks   ❏ Automated Bank Withdrawal   ❏ Credit Card
(Attached)   (Attached Voided Check)   (3 % Processing Fee)

Bank Withdrawal Information

Bank Name:

Account #:

Bank Routing #:

Credit Card Information

☐ Visa   ☐ Master Card   ☐ Discover   ☐ Amex

Card #:

Exp. Date: _____ / _____

Security Code: _____

Frequency: ☐ Once   ☐ 10 Months; $_____/**Month**   ☐ Other/No. of months_____; $_____/**Month**
(Less than 10 months)

I,_____, authorize Iman Academy School to withdraw from my bank account/charge my credit card for my child(ren)'s Tuition (due on the **25th** of the preceding month) for the school year. This authorization may be used for other fees such as the Book Fee.

This authorization will automatically renew and continue to be valid for future school years as long as my child (ren) continues to be registered at Iman Academy.

This authorization may be terminated by written request **once all financial obligations have been met.**

Signature: **Date:**

Immediately inform Iman Academy School of any changes to the above information.