Masjid Badr/ Sierra Community Center

Weekend School 2024/2025

Student Registration Form

Last Name: ……

Father's Name: …… Mother's Name:……

Address: ……. City: ……. Zip: …….

Cell phone: (…….)……..- …….. E- mail address: ……

For Emergency: Name: …….. Relation: ……. Phone: (……)……

	Student's name	Sex	Date of Birth	Grade in School
1				
2				
3				
4				
5				
6				

Signature of parent/ guardian: …….. Date: ……

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Official Use Only (Do not write under this line)

Monthly Fees amount: $.....

Books: $25 per student. Total: $..... Received on …… ..by …….. sign….....

Date of Payment	Amount in dollars	Fees for the month of	Received by (Name & Signature)	Note	Reminding letters or call on