



Ithnaasheri Muslim Association of the Northwest
Farsi Classes
Enrollment Form

Student Information:

NAME: First _____ **Middle Int.:** ___ **Last:** _____

DATE OF BIRTH: ___/___/___ **HOME PHONE:** (___) ___-_____

AGE OF THE STUDENT: _____

ADDRESS:

Street: _____ **Apt .#:** _____

City: _____ **Zip Code:** _____

Parent Information:

Mother: _____ Work Phone (___) ___-_____ Mobile/Pager (___) ___-_____

Father: _____ (___) ___-_____ (___) ___-_____

Family E-mail: _____

Knowledge of Farsi Language Information:

Has the Student attended Farsi School previously? Yes ..No

If Yes,

School Name: _____ Level: _____ City: _____

Does the Student speak Farsi? YesNo

Does the Student Read and Write Farsi? YesNo

What Language the Student Speak? FarsiEnglish Other _____

For School Official use only:

Student will be registered in the following level / Class:

Kindergarten: To Learn Speak Farsi Grade 1: Read and Write Farsi

Advanced Grade / Class: Advance Reading and Writing Farsi

Adult Class with no Farsi background

Medical/Insurance Information

Name of Medical Insurance: _____ Plan & Policy: _____

Doctor/Clinic: _____ Phone: (____) ____ - ____

Does your child have any allergies: Yes No If yes, please list: _____

Does s/he carry Epipen: Yes No If yes, where: _____

Does your child on any medications: Yes No If yes, please list: _____

Emergency Contact: In case of an emergency if you cannot reach either one of us, please contact:	
Name: _____	Phone: (____) ____ - ____
Name: _____	Phone: (____) ____ - ____

I hereby agree to the rules of IMAN Sunday school and the disclaimer printed on this form

Parent Name: _____ Signature: _____ Date: ____/____/____

Authorization & Release of Information

I authorize the IMAN School / Farsi Classes to:

Photograph my child for their records Yes No

Photograph my child for school events Yes No

Print my child's records for student directory* Yes No

The undersigned parent(s) on behalf of themselves and their child (ren) agree to hold the IMAN, Sunday School, Farsi Classes, its teachers, and volunteers, while acting within the scope of their duties harmless from all causes of actions, demands and claims, including the cost of their defense, arising in favor of the child participant or third parties on account of personal injuries, death or damage to property arising out of the activities of the child participant in the Farsi Classes School.

The parents have inspected the facilities and have approved the facilities.

This form must have both parent/guardian signature(s) (please print).

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

*Iman school directory is a **CLOSED DIRECTORY**. It will not be given to or shared with anyone outside of IMAN School without permission. It is designed for the personal use of IMAN School teachers, students, parents, and volunteers.