

The Islamic Community of Greater Killeen

Imam's Office

Arabic Language Class

application Form

Student's Name: First _____ Last _____ DOB / /

Cell # () - Work # () - Home # () -

E-mail address: _____@_____

Gender: () Male. () Female. Current Job _____

Address: _____ City _____

state _____ post code ()

Spoken language: _____

Arabic language level: beginner () intermediate () Advanced ()

Did you study Arabic before? Yes. No.

Where? _____

Why do you want to study Arabic? _____

Signature: _____ . Date _____