

The Islamic Community of Greater Killeen

Imam's Office Sunday School application Form

STUDENT Info

Student's Name: First _____ Last _____ Age _____.

Gender: () Male. () Female. Language Spoken at home: _____

Amount of Quran memorized: _____

Ability to read Quran: Excellent ____, Average ____, with difficulty, ____ cannot Read _____

EMERGENCY CONTACT INFORMATION: (Required)

Father's Name: First _____ Last _____

Mother's Name: First _____ last _____

Street Address _____ City _____ State _____ Zip _____

Telephone # Home: (_____) _____ work:(_____) _____ Cell: (_____) _____

Email _____@_____

I have read and agree to abide by the school rules and to have my child dropped off at school promptly at 11:00 AM and picked up promptly at 1:00PM. I understand that failure to do so might result in my child being discharged from for the semester. I also, understand that the curriculum and teaching method is solely to be determined by the school staff.

Further, I, the undersigned, am the parent/legal guardian of the aforementioned child/children and request admittance to The ICGK Sunday School. I acknowledge that each student being enrolled is in good health and doesn't suffer from any illness, disability or condition that requires the taking of medication on a regular basis, and that any such condition is disclosed to and is accepted by the school administration. I also understand that there is no reason that the student on this form cannot or should not participate in vigorous practice or play.

I, the undersigned, do hereby expressly agree to be responsible for any and all medical bills incurred in the treatment of any illness or accident of the said student. In the event of any such accident or injury. I hereby give my fully consent to allow the ICGK Sunday School Administration and staff to procure any medical treatment deemed and disable on behalf of my child. I understand that as a condition for admittance of each student, the undersigned do agreed to release and hold harmless The ICGK Sunday School, it's staff, it's principle, instructor any and all members of the ICGK from any and all liabilities resulting from injury or illness; mental or physical, suffered by the student during or related to school years.

I, _____ the parent/legal guardian of _____ have read and understand the above and acknowledge and accept full responsibility as described above.

Signature: _____ . Date _____