



ISLAMIC SCHOOL OF IRVING

Today's Learners Tomorrow's Leaders

Summer School Registration Form

Student Information

Student name: _____

_____ *First Name* _____ *Mi*
Last Name

Home address _____

_____ *Street Address* _____ *City*
State _____ *Zip*

Home Phone: _____ Cell Phone _____

Email _____

Contact Information

Parent/Guardian Name _____

Home Phone _____ Work / Cell Phone _____

Emergency Contact Name _____ Relationship to Student _____

Emergency Phone _____ Alternate Phone _____

Medical Information

Does your child need any medication at school?

Yes **No**

If yes, Please explain _____

Does your child have any allergies?

Yes

No

If yes, Please explain _____

Note: Parent/Guardian is responsible to pick up their children at 1:00 P.M. No staff/teacher will be

with the students after 1:00 P.M.