

Weekend School Application Sheet

Silicon Valley Islamic Center

Family Name _____ Enrollment Date: _____

Number of the Students:

Date format: (mm/dd/yyyy)

1. _____ Date of birth/age (____ / ____ / ____) Gender (Male: Female:)
2. _____ Date of birth/age (____ / ____ / ____) Gender (Male: Female:)
3. _____ Date of birth/age (____ / ____ / ____) Gender (Male: Female:)
4. _____ Date of birth/age (____ / ____ / ____) Gender (Male: Female:)
5. _____ Date of birth/age (____ / ____ / ____) Gender (Male: Female:)
6. _____ Date of birth/age (____ / ____ / ____) Gender (Male: Female:)

Address and contact information

Home Address _____

Home phone with Area Code () _____ Cell # () _____

In case of Emergency Phone () _____ Contact Name: _____ Relationship _____

Payments methods

Please check one of the boxes Check Cash or Credit Card \$ _____

If Credit card, Please write the Card #, Type of Card, expiration date, Bank and Security code#

Credit card# _____ Expir. Date ____ / ____ / ____ Security code _____ Type: _____ (Visa,Master,etc) Bank _____

For Staff only

Staff Full Name _____ Date processed the Application _____