

Student Registration Form

1) Family Information

Father's Last Name: _____ Father's First Name: _____

Mother's Last Name: _____ Mother's First Name: _____

Address: _____
Street Apt. # City State Zip

Father's Phone: _____ Mother's Phone: _____

Father's Email Address: _____

Mother's Email Address: _____

2) Student Information

#	Student Name		New? (Y/N)	Sex (M/F)	Date of Birth (MM/DD/YYYY)	Grade Entering	Arabic Level*	
	First	Last					Sp	Ed
1								
2								
3								
4								

* Please place a checkmark if the student has speaking (Sp) fluency and/or an educational (Ed) background in Arabic.

3) Tuition and Fees

- The annual tuition rate is \$4000 for the first student, \$3500 for the second student, and \$3000 for each additional student. Expat parents should contact the school administration**.
- Registration fee is an additional nonrefundable \$150 per family if registered before May 1st, 2018, or \$250 if registered between May 1st and August 17th.
NO registration will be accepted after Friday, August 17th.
- The tuition may be paid in full at the beginning of the school year or in ten (10) monthly installments (August – May) through ACH debit (electronic withdrawal).
- **Financial Aid:** Families who have difficulty paying for tuition may qualify for financial assistance through the Zakat Sponsorship Program to cover a portion of the tuition costs. Please fill out the Zakat Sponsorship Enrollment form by June 1st, 2018, to enroll.
- By submitting this form, you accept responsibility for paying the full tuition, regardless of how long your child attends and irrespective of whether or not you pay the tuition in monthly payments. Please read our Late Enrollment and Early Withdrawal Policies for more details.

** A separate form with different tuition rate is used for expat students.

Please Carefully Read the Following before Signing

I, the undersigned, am the parent or legal guardian of the aforementioned child(ren) and I am requesting their admittance to As-Sabeel Academy as Students. Furthermore, I consent that each Student being enrolled is in good health, and does not suffer from any illness, disability, or condition that requires taking medication on a regular basis and any such condition shall be disclosed to the school administration prior to enrollment. I also consent that there is no reason that prohibits each Student on this form from participating in vigorous practice or play. I, the undersigned, hereby expressly agree to be responsible for any medical bills incurred in the treatment of any illness or accident of my enrolled children. In the event of any such accident or injury, I hereby give my full consent to allowing As-Sabeel Academy faculty and administration to procure any medical treatment deemed necessary and advisable on behalf of my enrolled children. As a condition of admittance, I, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant(s), hereby release As-Sabeel Academy and its Faculty and Administration, all and every member of the school Staff and Board, and registered volunteers from all and any liability resulting from injury or illness, mental or physical, suffered by the Student(s) during or related to the school year.

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



Signature

Date

I would like to volunteer some of my time to help As-Sabeel Academy.

For each semester, I can volunteer the following hours:

- Up to 5
 5 – 10
 10 – 15
 15 or more

I would like to also be a member of the As-Sabeel Academy Parent Teacher Organization (PTO)

I am applying for Financial Aid assistance (please turn in Financial Aid Application by June 1).

Parents enrolling their children are encouraged to complete the registration form and mail with registration fees to:

As-Sabeel Academy of Greenville, 1601 Clement Rd. Greer, SC 29650.

www.sabeelacademy.com

For School Administration Use Only

Administrator Signature _____	Date Received _____
# of Students _____ Total Tuition Due _____	Registration Fees Due _____
Total Payments Received \$ _____ + \$ _____ = \$ _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Registration Fees Donation </div>	
<input type="checkbox"/> Check / <input type="checkbox"/> Cash	
<input type="checkbox"/> Data Entry <input type="checkbox"/> Enrolled in Financial Aid <input type="checkbox"/> Sent Enrollment Packet <input type="checkbox"/> Tested	