



# School of Ahlul'Bait Registration Form

4415 Fortran Court, San Jose, CA 95134

Please complete ALL sections.

Date: \_\_\_\_\_

*Child - 1		Student's Information	
First Name			
Middle Name			
Last Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address			
	City:	State: CA	Zip Code:
Home Phone	(     )		
Doctor's Name		Doctor's Phone	(     )
Allergies/Medications			

*School grade for current year													
Pre-K	KG	1	2	3	4	5	6	7	8	9	10	11	12

*Parent's Information	
Father's Name	
Cell phone/daytime contact #	(     )
Email Address	
Mother's Name	
Cell phone/daytime contact #	(     )
Email Address	

*Emergency Contact Information (Other than either parents)	
Name (First/Last) :	
Cell phone/daytime contact #	(     )
Relationship	

*First and Last Names of people authorized to pick up your child/children (please list several)	
1.	2.
3.	4.
5.	6.

Child - 2		Student's Information											
First Name													
Middle Name													
Last Name		Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female									
Allergies/Medications													
School grade for current year													
Pre-K	KG	1	2	3	4	5	6	7	8	9	10	11	12

Child - 3		Student's Information											
First Name													
Middle Name													
Last Name		Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female									
Allergies/Medications													
School grade for current year													
Pre-K	KG	1	2	3	4	5	6	7	8	9	10	11	12

Child - 4		Student's Information											
First Name													
Middle Name													
Last Name		Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female									
Allergies/Medications													
School grade for current year													
Pre-K	KG	1	2	3	4	5	6	7	8	9	10	11	12

Child - 5		Student's Information											
First Name													
Middle Name													
Last Name		Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female									
Allergies/Medications													
School grade for current year													
Pre-K	KG	1	2	3	4	5	6	7	8	9	10	11	12

**Liability and Responsibility:**

My signature below authorizes SAB in the case of an emergency to provide medical treatment by the local on call doctor for SABA. I also acknowledge and agree that Shi'a Association of Bay Area (SABA) and the School of Ahlul'Bait faculty cannot be held responsible in any way, nor assume any liability whatsoever, for acts of any delays, changes, modifications, negligence, nonperformance due to the breakdown of machinery and equipment OR due to disturbance, strike, riots or wars wherever declared or not OR due to any other cause which is beyond the control of the said parties.

**Waiver & Agreements**

As parent/guardian of the student(s) whose name appears above, I hereby release and waive any claim against School of Ahlu' Bait (SAB), Shi'a Muslim Association of Bay Area (SABA), as well as SAB /SABA officers, directors, agents, employees, and volunteers for any damage or injury suffered by the students on account of or in connection with the student's participation in school related activities. This Waiver and Release of Liability shall operate as a complete waiver and release for any personal injury, missing person, death, and waiver of property or other damage or loss, including loss of use, which may arise in connection with the student's participation in the school related activity. I acknowledge that I am aware of the risks associated with the school related activities, whether the risks are by reason of preparation for participation, transportation of the students, exposing the students to the elements and to general public, or otherwise exposing the students to risks which may or may not be generally associated with the school related activities.

I agree to adhere to the dress code policy and other general policies of School of Ahlu' Bait as described in the SAB parent handbook to the best of my abilities (Please review the dress code, attendance, and other policies described in the SAB parent handbook).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**For SAB Admin use only:**

Number of enrollees	Youth Only	1 Child	2 Children	3 or more Children
Tuition for current year	\$150	\$286	\$440	\$650
Half payment	XXX	\$143	\$220	\$325
Add Books & Materials Fee/child (\$30)   \$ 0 for youth	XXX			
Add youth tuition (\$150/youth or \$100/youth if 2 or >)	XXX			
Add amount owed from last year				
<b>Total Paid</b>				
Post-dated check amount if paying in 2 payments (mark if this is balance due)				

Paid In:  Full  PDC  Waived  Remarks \_\_\_\_\_

DB Updated on: \_\_\_\_\_ by: \_\_\_\_\_ Student ID: \_\_\_\_\_