



GAWSIAH DARUS-SUNNAH ACADEMY INC USA

25-86 31st St, Astoria, NY 11102 Tell: 718-255-6276 gdacademyus@gmail.com www.gdacademyus.org

(A Non- profit Organization | Tax ID # 811585350)

RULES AND REGULATIONS OF ISLAMIC CLASSES

Student Name: _____

Date: ____/____/____

1. Admission to Islamic classes will be accepted during registration period.
2. During the school year, classes will be held 10:30 am – 1:30 pm on Saturday and Sunday.
3. During the summer, classes will be held Monday to Thursday from 10:00 am to 2:00 pm (July and August).
4. The age requirement: Male students 5 to 14 years old, female students 5 to 12 years old.
5. Monthly fee for weekend classes is \$40.
6. Course fee for summer session \$150.
7. Full Time Course Fee \$350 per month plus \$200 admission fee due with first month fee Course fee due at time of registration.
8. Fees are required one month in advance at the time of admission as well as beginning of the month.
9. Monthly fee should be paid in the first week of each month. Defaulter for 2 months fees, students will be terminated from the class on beginning week of the following 3rd month.
10. Respective parents/guardians will be fully responsible for the drop off and pick up of their children on time.
11. Any misconduct by student will be notified to the parents/guardians for necessary action.
12. Any changes of the rules and regulations will be informed to the parents promptly.
13. When a student is absent three days during the summer classes, he or she will be discharged from the course.

By signing below, I _____ agree to the terms and
(Full Name) (Relation to Student)

Conditions set forth by the management of **Gawsiah Darius-sunnah Academy**.

Parent/Guardian Signature: X _____

Date:

____/____/____

Principal Signature: X _____

Date: ____/____/____



GAWSIAH DARUS-SUNNAH ACADEMY INC USA

25-86 31ST STREET, ASTORIA, NY | TELL: 347-499-9450 | WWW.GDACADEMYUS.COM

STUDENT REGISTRATION FORM

Reg. NO: _____

Date: ____/____/____

- ☐ Weekend Classes: 20____
☐ Summer Classes : July- August 20____

STUDENT INFORMATION:

First Name: _____ M.N: _____ Last Name: _____

Date of Birth: ____/____/____ Place of Birth: _____

Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

PARENT/GUARDIAN INFORMATION:

First Name: _____ M.N: _____ Last Name: _____

Telephone: HOME: _____ BUISNESS: _____ CELL: _____

Email: _____

EMERGENCY CONTACT:

Name: _____ Home: _____ Cell: _____

Email: _____

PICK UP INFORMATION:

1) Name: _____ Phone: _____ Cell: _____

2) Name: _____ Phone: _____ Cell: _____

Parents/ Guardian Signature: X _____ Date: ____/____/____

Office Use Only

Payment Information

Registration Fee	\$
Monthly Tuition Fee (Weekend)	\$
Summer Tuition Fee	\$
Books	\$
Total	\$

Level of Learning

Levels:
Level 1: _____
Level 2: _____
Level 3: _____
Level 4: _____
Other : _____

Principals Signature: X _____

Date: ____/____/____