

Dar-ul-Arqam Registration Form

Year 2020-21

Registration Date: Admin's Signature:	
Student's First Name :	
Student's Last Name :	
Student's Address:	
Student's Date of Birth: Age (in years):	
Male/ Female:	
Present Day School:	
Day School Grade in September:	
<ul style="list-style-type: none">• Mother's Information:• First Name & Last Name:• E-mail address:• CELL #• Phone(Res)#	
<ul style="list-style-type: none">• Father's Information:• First Name & Last Name• E-mail address• CELL #• Phone(Res)#	
Student Allergy Report: It is very important that I am made aware of any serious illness/allergies your child may have.	
I agree to take responsibility to pick and drop my child on time and support them at home with their homework.	
Signature of Parent/Guardian	Date

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