

THE ARABIC SCHOOL OF SOUTHWEST WASHINGTON

المدرسة العربية في جنوب غرب واشنطن



Registration Form 2019- 2020

WWW.ASSWW.NET
(360) 980-1462

email
arabicschoolwa@gmail.com

Clark College
Joan Stout Hall

<hr/>	<hr/>	M	F
Student's First and Last Name	Date of Birth	Sex	
<hr/>	<hr/>		
Father's Name	Email Address		
<hr/>	<hr/>		
Mother's Name	Email Address		
()	()	Returning Student Yes NO	
Father Cell	Mother Cell	Home Phone	
<hr/>	<hr/>	Strong () Fair () Weak ()	
Home Address	Level Spoken Arabic		
<hr/>	Strong () Fair () Weak ()		
City, ST ZIP Code	Level Written Arabic		

Additional Siblings

<hr/>	<hr/>	M	F
Child's Name	Date of Birth	Sex	
<hr/>	<hr/>		
Child's Name	Date of Birth	Sex	
<hr/>	<hr/>		
Child's Name	Date of Birth	Sex	
<hr/>	<hr/>		
Child's Name	Date of Birth	Sex	
<hr/>	<hr/>		

School Tuition

Alternative Emergency Contacts

<hr/>	<hr/>	<hr/>
2019-20 School Tuition is per child per semester.	Primary Emergency Contact	Relationship
<hr/>	()	()
Tuition fee is due first day of school	Home Phone	Work Phone
<hr/>	<hr/>	<hr/>

Medical Information

Allergies/Special Health Considerations please list above

I authorize Arabic School to take my child to a licensed physician and/or medical center in the event of emergency and I waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____ Date _____

I give permission for my child to attend the Arabic School of Southwest Washington; I release the Arabic School of Southwest Washington and its affiliates from any liability in case of accident during the school time.

(Initials)_____ I give the Arabic School of SW WA the right to use my kids picture on the Internet & Facebook

Parent's/Guardian's Signature _____ Date _____