



ISLAMIC
SOCIETY
OF AKRON
AND KENT

ISAK SUNDAY SCHOOL

Students Application for Admission

Date: ____/____/____

Name _____
First Middle Last

Date of Birth _____ Male Female

Name _____
First Middle Last

Date of Birth _____ Male Female

Name _____
First Middle Last

Date of Birth _____ Male Female

Name _____
First Middle Last

Date of Birth _____ Male Female

Father Name _____
First Middle Last

Father E-mail _____ Father Cell Phon (____) _____

Mother Name _____
First Middle Last

Mother E-mail _____ Mother Cell Phon (____) _____

Address _____
Number and Street

City _____ State _____ Zip _____

FOR OFFICE USE ONLY
FORM OF PAYMENT

Cash Check Check Number _____

Paid in Full Amount _____

Installment Plan 1st Installment _____ (Due at Registration)

2nd Installment _____ (Second Semester-January)

PROCESSED BY: _____

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Emergency Medical Authorization

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who will become ill or injured while under school authority, when parents or guardians cannot be reached.

In case of your child's illness, we call the numbers you give us in the order listed. **Four numbers** help us in cases of emergency.

PARENTS OR GURDIAN

1. Mother Name _____ Mobile Number _____

2. Father Name _____ Mobile Number _____

Address _____
Number and Street

City _____ State _____ Zip _____

OR RESPONSIBLE PARTIES

1. Name _____ Relationship _____ Mobile Number _____

2. Name _____ Relationship _____ Mobile Number _____

PLEASE COMPLETE PART I **OR** II - NOT BOTH

PART I- TO GRANT CONSENT

In the event reasonable attempts to contact me or the numbers listed above have been unsuccessful, I hereby give consent for calling 911 and transfer of the child to the designated hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date _____ Parent or Guardian Signature _____

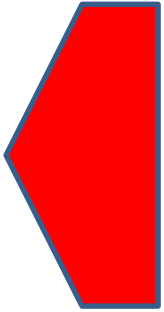
PART II-DO NOT GRANT CONSENT

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Date _____ Parent or Guardian Signature _____

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Facts concerning the child's medical history including allergies and medications need to be taken during school time



Child Name _____ Date of Birth _____

Allergies:

Medications:

Child Name _____ Date of Birth _____

Allergies:

Medications:

Child Name _____ Date of Birth _____

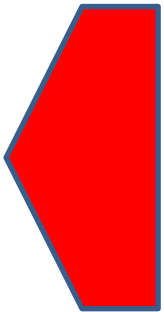
Allergies:

Medications:

Child Name _____ Date of Birth _____

Allergies:

Medications:



ISAK Sunday School Photo Release Form

Dear ISAK Sunday School Families,

As you know, when your children work on lessons or participate in special events, we often have many great photo opportunities. We would like your permission to use photographs taken during class time, field trips, special events or celebrations to post on our Facebook Page and other school publications.

When Photographs are used for publicity purposes, children are never identified by name. All photos used for publicity will be available for the child’s parents to review upon request. In addition, parents reserve the right to request that any photograph not be used for publicity.

Please sign the permission slip below to indicate your preference for photographs.

.....
I DO / DO NOT (PLEASE **CIRCLE**) give ISAK Sunday School permission to use photographs of my child, taken during class time, recess time, special events, and field trips for publicity purposes on the school website, Facebook, or other means of publicity. I understand that my child will not be identified by name when photos are used for publicity purposes. I also understand that all photos will be available for review if I should request to do so.

Child’s/ Children’s Name: _____

Parent Signature

Date

Waiver of Liability

I grant permission for my child to attend the ISAK Sunday School at the Islamic Society of Akron and Kent (ISAK). I fully understand that participants are to abide by all rules and regulations governing conduct during their time at the school, and follow the Instructions of the ISAK Sunday School staff and officials. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I agree to waive all claims against ISAK and hold ISAK, its officers, directors, staff, agents, volunteers, and employees, harmless from any and all liability or claims, which may arise out of, or in connection with, my child's participation in the ISAK Sunday School.

Parent/Guardian Name: _____

Parent / Guardian Signature _____

Date _____

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ISAK SUNDAY SCHOOL

Financial Aid form

ISAK Sunday School is providing this opportunity for those who are in need of Financial assistance.

ISAK Sunday School Board will determine the needs of individual.

Children's names attending Sunday school _____

Father's Name _____

Mother's Named _____

Father's Profession _____

Mother's Profession _____

Father's Income _____

Mother's Income _____

Proof/Proofs of Income _____

Need Partial Aid? _____

Need Full Aid? _____

Signature _____

Date _____

FOR OFFICE USE ONLY

Date Reviewed _____

Date of Decision: _____ Approved _____ Disapproved _____ Full _____ Partial _____

AUTHORIZED SIGNATURE _____ Date _____

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