

THE ARABIC SCHOOL OF SOUTHWEST WASHINGTON

المدرسة العربية في جنوب غرب واشنطن



Registration Form 202__ - 202__

WWW.ASSWW.NET
(360) 980-1462

email
arabicschoolwa@gmail.com

**All classes will be
On line using Zoom**

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

Additional Siblings

Child's Name	Date of Birth	M	F
		Sex	
Child's Name	Date of Birth	M	F
		Sex	
Child's Name	Date of Birth	M	F
		Sex	
Child's Name	Date of Birth	M	F
		Sex	

School Tuition

Alternative Emergency Contacts

For the Tuition please call the school.	Primary Emergency Contact	Relationship
The School Tuition is per child per semester.	()	()
	Home Phone	Work Phone

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 _____