Al-Farooq Institute

REGISTRATION FORM

ADULT COURSES

Student Name: _____

Address _____

_____ Postal Code: _____

Phone: ( )_____ Email: _____

Alternate Phone: ( )_____

****COURSE:** _____

SEMESTER: **Sept-Dec___ Jan-Apr___ May-Aug___ Other: ___**

SECTION: **Mon__ Tues__ Wed__ Thurs__ Fri__ Sat__ Sun__ Other: ___**

**Some courses are 2 semesters (8 Month Duration).

*Tuition fees must be paid in full prior to attending a course.

*Tuition fees and other course materials are non-refundable. Please discuss with administration.

*Books, notes, and other materials are not included. Available for sale see Masjid store.

_____ _____
Signature of Student Date

OFFICE USE ONLY

Tuition $ _____ + Books $ _____ **Cheque(s) to be payable to Masjid al-Farooq

Total Fees: $ _____

**Payments: $_____ (Cash / Cheque / Debit / Credit Card)
$_____ (Cash / Cheque / Debit / Credit Card)
$_____ (Cash / Cheque / Debit / Credit Card)

Please Check

- ☐ Paid in Full
- ☐ Book(s) given to student
- ☐ Other Material(s): _____

☐ Entered to Database