



ST. SHARBEL SCHOOL OF LAS VEGAS

Arabic Language Registration Form

*\$100 Per Child Yearly Contribution Paid Upon Registration. Thank You
Classes start in September and end in May*

Please Print Clearly

Date _____

Student's full Name: Last, First	Date of Birth	Age	Sex	Special Talent
1st. _____	_____	_____	_____	_____
2nd. _____	_____	_____	_____	_____
3rd. _____	_____	_____	_____	_____
4th. _____	_____	_____	_____	_____
5th. _____	_____	_____	_____	_____

Please check what applies to your child:

Speaks _____ Understands _____ Arabic Language

Reads _____ Writes _____ Arabic Alphabets _____ Words _____ Sentences _____

Father- Last, First _____ **Home Ph #** _____ **Cell** _____

Mother- Last, First _____ **Home Ph #** _____ **Cell** _____

Mailing Address _____

E-Mail @ _____

I wish to enroll my child/children at the school of St. Sharbel. In the event of an accident or illness to my child/children, I hereby authorize any administrative members organized by the church to secure Medical Aid and to act for me in accordance with their judgment. I will be notified; but if it is impossible to contact me, I request and give permission for emergency treatment or surgery as recommended by the attending physician. I also agree to be responsible for all medical costs incurred in treatment and transportation. I also hereby waive and release any administrative members organized by the church from any liability for any injury that may be incurred while traveling in the event of a field trip or any mishaps at the church ground.

My child/children Doctor is _____ and can be reached at ph# _____.
It is further understood that my child/children could be removed from class for behavioral problems.

Parent or Guardian Name _____ **Signature** _____

Received by: _____ *Paid: Cash \$* _____ *Check #* _____ *\$* _____