



AMCC Member
<input type="checkbox"/> Yes <input type="checkbox"/> No

PEACE ACADEMY REGISTRATION FORM

<input type="checkbox"/> Registration Fee Paid	<input type="checkbox"/> Tuition Fee Paid	Date: _____	School Year: _____
Number of Children Registering: _____		Previously Attended Peace Academy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Registration Fees (\$): _____	Tuition Fees (\$): _____	Book Fees (\$): _____	
<input type="checkbox"/> Cash <input type="checkbox"/> Check _____	Amount Collected: \$ _____	Receipt Number: _____	

STUDENT INFORMATION

First Name	Middle Name	Last Name	School Name	Grade	Age	Date of Birth

PARENT INFORMATION

Father's Name	Contact Number	Email Address
Mother's Name	Contact Number	Email Address

PERMANENT ADDRESS

Street Address	Apt. #	
City	State	Zip

EMERGENCY CONTACT INFORMATION

Name	Relationship	Contact Number

PARENT TEACHER COMMITTEE

Parents are strongly encouraged to Join our Parents Teachers Committee (PTC) and volunteer for activities at the Peace Academy. Strong parent participation results in better schooling, confident student and vibrant community!

I, the parent, would like to sign up for the Peace Academy Parent Teacher Committee and other volunteer activities. Please use my email address above to sign me up for the PTC.

YES NO



AMCC Member

Yes No

PEACE ACADEMY MEDICAL FORM

Physician's Name		Phone Number	
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Medical History (please describe below any allergies or medication needed)

AUTHORIZATION OF CONSENT FOR TREATMENT OF A MINOR

I / We, the undersigned, parent(s) of, a minor, do hereby authorize The Peace Academy at AMCC, as the agent for the undersigned to consent to any medical examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practices Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable.

This authorization shall remain in effect for the Peace Academy current academic year, unless revoked in writing and delivered to The Peace Academy At AMCC.

We hereby give permission for my/our child to attend The Peace Academy at AMCC, The Weekend Islamic School. I give the teachers and school administration permission to take any necessary action in the event of an emergency.

Name:

Signature: