

Islamic Center of Ocean County

2116 Whitesville Road

P.O. Box 473, Toms River, NJ 08754

Telephone: (732) 363-1940

Al Mustafa Academy Student Application (Full Time Islamic School)

First Child: _____ Date of Birth: _____

Age: _____ Grade: _____ School Attended: _____

Second Child: _____ Date of Birth: _____

Age: _____ Grade: _____ School Attended: _____

Third Child: _____ Date of Birth: _____

Age: _____ Grade: _____ School Attended: _____

Parents/Guardian Information

Father's Name: _____ Mother's Name: _____

Home Phone: _____ Cell Phone: _____ Business: _____

Email: _____ Languages: Arabic, English, Urdu, others _____

Address: _____

School Fee: \$300 per month for First Child and \$250 for each additional child. (For 10 months)

Non Refundable Application Fee: \$100 per Application. Must be paid with this Application.

I agree to follow the school curriculum, its policies and procedures.

Parent's Signature: _____ Date: _____