



Islamic Center of Fremont
Knowledge is Wisdom

ICF Maktab Registration Form

Student Name _____ Age: _____
Last First M.I

Parent's Name _____
Last First M.I

Home Address _____
Address Apt. #
_____/_____/_____/_____/_____
City State Zip Code

Home Phone: (_____) _____ Cell phone: (_____) _____

E-Mail: _____

Name and Contact # of Parent for academic queries/discussions: _____

Emergency Contact _____ (_____) _____
Name Phone

Location Preference: Masjid Zakariya _____ ICF Irvington _____

Maktab fees: **\$80** per month – Payable in advance on 1st of every month

(Form Received by)

(Signature & Date)

(Parent/Guardian Signature & Date)