



In the name of Allah, the Beneficent, the Merciful

Midwest Association of Shia Organized Muslims

(Organized: April 26, 1975, 14th Rabi-ul-Aakhir 1395 Hijri)

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☎ (773) 283-9718

<http://www.masom.com>

MASOM Islamic School (MIS) Student Registration

Name of the Student: _____

Date of Birth: _____ Age: _____ Grade in Public/Private School: _____
(MM/DD/YYYY)

Parent(s) / Guardian(s) Name: _____

Address: _____

City: _____ Zip: _____

Home # _____ Cell phone#: _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

Registration Fees

Please select only ONE Education Fee Package

Each student must have a fill out a separate registration form

\$125 / 1 student \$225 / 2 students \$300 / 3 or more students

Note: Use a separate sheet of paper if necessary for the following sections:

❖ Any health condition school administration should be aware of?

❖ Allergies (food and medicine)

I authorize MASOM Islamic School to give medical attention in case of medical emergency, such as calling an ambulance, or providing medical attention deemed necessary by health care professionals. I further authorize MASOM Islamic School to release my child / children to the emergency contact, listed above, in the event I am not able to pick up my child / children. I will not hold MASOM Islamic School, its administration, staff, volunteers or any person affiliated with MIS liable.

Signature(s) _____ Date: _____

School Administration Use Only:

Admitted in _____ grade Initials: _____ Form of payment _____ Date: _____