

**Registration Form
ICSNC Persian School
Extra Curriculum Class**

Student Name (First and Last) _____	
Home Address _____	
Home Phone# _____	Mobile # _____
Primary Email _____	Secondary Email _____
Emergency Contact _____	Emergency Phone _____

Name of the class: _____
Tuition for the entire duration of the class: \$ _____

Additional Donation Amount: \$ _____: This amount is used towards school sponsorship program, expenses, or equipments.

Please initial, sign and date

_____ I will commit to attend all classes except for emergency or serious conflicts.	
_____ I will follow all the guidelines and respect the rules for Persian School. Teachers, Coordinators of ICSNC Persian School, Persian School location and Iranian Cultural Society of NC, Inc. (including its members and Boards of Directors) are not liable or responsible for any personal injuries that occur on the premises during classes.	
_____ (optional) I wish to become a member of Iranian Cultural Society of NC. I understand ICSNC has no Political or Religious affiliation. My yearly \$48 family membership fee is attached.	
Signature: _____	Date: _____

Office Use Only (Please do not write below. A minimum of 3 students are required to form a class.)

ICSNC Member (Y/N) _____	Tuition Fee Received by _____	
Check Number _____	Tuition Amount \$ _____	Membership Amount \$ _____
Comments _____		