



ISLAMIC CENTER OF BOCA RATON

3480 N.W. 5th Avenue, Boca Raton, FL 33431
 Tel (561) 395-7221 • Fax (561) 395-7229 • masjid@icbr.org • http://www.icbr.org

ARABIC CLASS REGISTRATION FORM

The program encompasses teaching Arabic Language reading, writing and understanding.

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|------------------|--|
| Activity/Program | Arabic Class - 2015 |
| Day(s) and Time | Mondays 7:00-9:00 pm. |
| Period | Fall semester Aug. 17, 2015 and Ends Dec. 07, 2015 |
| Instructor | Br. Adil Atifi |
| Level | Beginners 101 |

STUDENT

Last Name _____ First Name _____ Middle Name(s) _____
 Home Address _____ City/State/Zip Code _____ Phone _____
 Date of Birth (month/day/year) _____ Birthplace _____ Email _____
 Primary Language/Mother Tongue _____ Language(s) spoken/understood _____

EDUCATION

Highest level of Education achieved _____
 Have you taken Arabic courses before? _____ Level Completed? _____

I undertake to abide by the rules and regulations of the Center.

Signature: _____ Date: _____

Please return the filled application along with payment to the ICBR Administration your instructor on the first day of class.

===== For Office Use Only =====
 Course Fee: \$100 Check/Cash: _____

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