



Islamic Academy Teacher Enrollment Form

2009-2010 Classes

Start Date: September 26, 2009

* donates required fields (Enrollment deadline is August 31, 2009)

Teacher Information

1. Last Name *	2. First Name *	3. Choose Only One Day (10:30 AM to 1:30 PM) <input type="checkbox"/> Saturday OR <input type="checkbox"/> Sunday
4. Date of Birth (MM/DD/YYYY) *	5. Gender * <input type="checkbox"/> Male <input type="checkbox"/> Female	* OFFICE USE ONLY * Teacher ID: Start Date: Level(s): Subject(s):
6. Home Address *		
7. City *	8. State *	9. Zip Code *
10. Home Phone *	11. Mobile Phone *	12. Business Phone
13. Email Address 1 *		14. Email Address 2

Teaching Experience Information

15. I have experience in the following subjects (check all that apply): <input type="checkbox"/> Arabic Language <input type="checkbox"/> Islamic Studies <input type="checkbox"/> Quran Recitation (Tarteel) <input type="checkbox"/> Islamic Art <input type="checkbox"/> Islamic Media
16. Allergy / Medication Notes

Payment Request (OPTIONAL)

Would like to receive a payment of \$25 per weekend for your actual volunteer work (paid on a monthly basis)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Teacher Acknowledgement:

I hereby certify that the information furnished in this form is true and correct to the best of my knowledge. I agree to abide with Islamic Center of Kansas and Islamic Academy policies and procedures, and to come (check-in) and leave (check-out) on-time and according to the Academy schedule (see website www.ickansas.org for latest updates).

Signature: _____ Print Name: _____ Date: _____

- > Drop the completed application into **Islamic Academy box**.
- > Questions? Contact Mohammad Asif Iqbal 913-486-1708 – masifigbal@yahoo.com
- > Make sure to be a member of ICK_Group email list at http://www.ickansas.org/ick_group.html