



# COLLEGE PREPARATORY SCHOOL OF AMERICA

FULLY ACCREDITED SCHOOL OFFERING PRE-SCHOOL & GRADES KG-12

*Offering Excellence in Education in an Islamic Environment*

331 West Madison Street  
Lombard, IL.60148

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Tel: (630) 889 8000  
Fax: (630) 889 8012

## REGISTRATION FORM

*Please print/type and return the completed registration form with the non-refundable registration fee.*

*\*Checks should be made payable to C.P.S.A*

School Year:  2008-09  2009-10

Circle grade for which registration is being made: **PS KG 1 2 3 4 5 6 7 8 9 10 11 12**

### STUDENT INFORMATION

Returning Student  New Student  Male  Female

Name \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Phone (Home): ( ) \_\_\_\_\_  
Street address City

State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ S.S.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### NEW STUDENTS ONLY

Name of previous school \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address of school \_\_\_\_\_  
City State Zip code

### FAMILY INFORMATION

Father: \_\_\_\_\_

Profession: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Gross Annual Income \$ \_\_\_\_\_

Parents Email address: \_\_\_\_\_

Mother: \_\_\_\_\_

Profession: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell # \_\_\_\_\_

Gross Annual Income \$ \_\_\_\_\_

*In case of divorced or separated parents, official custodian of the*

Child: Father/Mother (Please circle)

### SIBLINGS AT CPSA

Name	Grade	M/F
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### OFFICE USE ONLY PAYMENT

Tuition: \_\_\_\_\_ Book \_\_\_\_\_ Registration \_\_\_\_\_

Ck#: \_\_\_\_\_ Ck# \_\_\_\_\_ Ck# \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Office Signature: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

\*\$200 registration Fee