



## STUDENT ENROLLMENT APPLICATION

Child's full legal name: \_\_\_\_\_

Child's full Muslim name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Present Grade Level: \_\_\_\_\_

School presently attending: \_\_\_\_\_

Mother's Legal Name: \_\_\_\_\_

Mother's Muslim Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Father's Legal Name: \_\_\_\_\_

Father's Muslim Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

(if applicable)

Legal Guardian's Legal Name: \_\_\_\_\_

Legal Guardian's Muslim Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Guardian's Place of Employment: \_\_\_\_\_

Is child U.S. citizen? \_\_\_\_\_ Is child immunized? \_\_\_\_\_ Will child be using public transportation? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Has child ever attended an Islamic school before? \_\_\_\_\_

Name of Islamic school: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Why do you want your child to attend the Islamic Community School? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_