



AI Noor Islamic Academy Registration Form

Student's Last Name	First name	Middle name	Birthdate
Home Street Address	Apt #	City	State/Zipcode
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Is another language besides English the primary language in your home? <input type="checkbox"/> no <input type="checkbox"/> yes If yes what language? _____ Is English your child's first language? <input type="checkbox"/> yes <input type="checkbox"/> no		
Medical and Health Information		Previous School (if applicable)	
Health Care Provider		Name of School	
Phone number		Street Address	
Insurance Provider	Hospital Name	Med. ID No.	City/State/Zip
During school hours does your child: require non-oral medication? yes no need help with a medical procedure? yes no Does your child have any allergies? yes no If yes please list _____ Additional Comments:		Grade Level Last Attended: Date of last attendance: Was the student expelled from school? <input type="checkbox"/> yes <input type="checkbox"/> no	
Parent/Guardian Contact Information			
Father's last name	First name	Middle name	Cell/Work Phone
Address (if different from above)			
Mother's last name	First name	Middle name	Cell/Work Phone
Address (if different from above)			
Emergency Contact Information			
Last name	First name	Middle name	Cell/Work Phone
Address (if different from above)			
Please list the person(s) responsible for dropping off and picking up your child (if different from above):			
Office Use Only:			
Enrollment Date _____		Withdrawal Date _____	
Entry Grade _____			