

| | | | | | | |
|---|------------------------------------|---|---------------------------------|-----------------------------------|---|--------------------------|
| 1. STUDENT NAME | | | PHONE NUMBER: () - | | | |
| Last | | First | | Middle | | |
| 2. ADDRESS | | | | | | |
| Street | | | | City | State | Zip |
| 3. DATE OF BIRTH | | GENDER | | COUNTRY OF BIRTH | | GRADE APPLYING TO |
| | | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> USA | Other (please indicate) | |
| 4. HISTORY | | | | If "yes," please describe: | | |
| Has this student ever previously atten Al-Huda Islamic School? | | <input type="checkbox"/> No | <input type="checkbox"/> Yes | WHEN | | WHAT GRADE |
| Which was the first language the student learned to speak? | | Which language does the student most often speak? | | | | |
| 5. FAMILY INFORMATION | | | | | | |
| Father/Legal Guardian | | | Mother (optional) | | | |
| Brothers | | Date of Birth | | Sisters | | Date of Birth |
| | | | | | | |
| | | | | | | |
| 6. PRESCHOOL (If you are not applying for Preschool, please skip to section 7) | | | | | | |
| Please select the program for which you wish to apply | | How many hours per day? | What hours? (from 0:00 to 0:00) | | How many days per week? (Please check days desired) | |
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | | | | M | T |
| | | | | | W | Th |
| | | | | | F | |
| 7. Persons who authorized to pickup and care for the student | | | | | | |
| Name: | | Phone: () - | | Name: | | Phone: () - |
| Name: | | Phone: () - | | Name: | | Phone: () - |

| | | | | | |
|--|--|------------------------------|-----------------------------------|----------------------|------------|
| REGISTRATION CARD (for office use only) | | | | | |
| PUPIL INFORMATION | | | | | |
| Last Name | | First Name | | Middle Name | |
| Gender | Age on or before December 31, Current Year | Grade | Preschool Status (full/part-time) | After-School Program | |
| Street | | City | State | Zip | Home Phone |
| Father's Name | | Father's Place of Employment | Work Phone | Mobile Phone | |
| BIRTH INFORMATION/VITAL RECORDS | | | | | |
| Date of Birth | | Place of Birth | | | |
| INDICATE DATE CHECKED FOR: | | | | | |
| Birth Certificate | | Immunization Records | | Others | |
| | | | | | |
| <input type="checkbox"/> Emergency Contact form on-file <input type="checkbox"/> Off-Campus Permission form on-file | | | | | |