



Al-Huda PA School

Where Guidance is Part of the Curriculum

2018-2019 ADMISSION APPLICATION

Kindergarten-10th Grade

Grade applying for: _____

For Office Use Only:

Date Received: ____/____/____

Application Fee: _____

Time Received: _____

Immunization Records: _____

Transcript: _____

Birth Certificate: _____

School District: _____

Applicant's Information

Last

First

Middle

Used Name

Street Address

City

State

Zip

County

Home Phone (Include area code)

Social Security #

Male --- Female ---

Date of Birth

Place of Birth

Primary Language Spoken

Other Languages

Has the applicant ever attended Al-Huda School: No Yes (If, yes indicate date) _____

Applicant lives with: Mother Father Both Other: _____

Religious Affiliation: _____

Ethnic Background: (optional): _____

Why are you interested in Al-Huda School?

Previous School

Name of Recent School Attended: _____ Last Grade Completed: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Has your child ever been expelled from a school? Yes No

If yes, please explain: _____



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Family Information

Father/Guardian*

Full Name

Email Address

Address

City

State

Zip

Home #

Work #

Cell #

Occupation

Name of Company

Mother/Guardian

Full Name

Email Address

Address

City

State

Zip

Home #

Work #

Cell #

Occupation

Name of Company

Siblings

Names, ages, and grades of brothers:

Names, ages, and grades of sisters:

Emergency Contacts

Name: _____ Relationship: _____ Daytime Phone: _____

Name: _____ Relationship: _____ Daytime Phone: _____



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Medical Information

Name of Family Physician: _____ Phone #: _____

Insurance Company & Policy #: _____

1. Has this applicant ever been tested or screened for:

Psychological / Emotional Disabilities: Yes No If yes, then please explain: _____

Learning Disabilities Yes No If yes, then please explain: _____

Other Medical Disabilities: _____

2. Does the applicant have any health concerns such as allergies, asthma, etc.? Yes No

If yes, please explain: _____

3. Does the applicant take any prescription medication on regular basis? Yes No

If yes, which medicine(s): _____

Arabic/ Quran

For placement purposes, please list the following information:

In Arabic, my child is / has: (circle one) no knowledge taken classes a native speaker

In Qur'an my child has: (circle one) no knowledge memorizes # _____ of surah.

Please explain your child's experience with Qur'an and/or Arabic:

Services

1. Release: I give permission for Al-Huda School to release my child's name and telephone number to other Al-Huda School families for the purpose of carpooling, events coordination, study groups, etc. Yes No

2. Release: I give permission for Al-Huda School to make medical decisions for my child during a medical emergency. Yes No



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Completed Application

The following items must be submitted in order for an application to be considered for admission:

- 1) The application form filled out **COMPLETELY**.
- 2) \$45.00 non-refundable application, registration, testing fee remitted with this application.
- 3) Copy of birth certificate.
- 4) Current Immunization Record.
- 5) Medical Form
- 5) Dental Form

Please be aware that **enrollment is limited and is on a first come first serve basis**. Please return your completed application as soon as possible to the school's main office. Only completed applications will be reviewed and considered for admission. Please inform the school's office for any address changes as soon as they occur. Be advised that by signing this application, you are accepting to follow the rules and regulations of Al-Huda School. May Allah help us to learn, act and teach what only pleases HIM.

Signature

Name of parent/guardian (Print)

Signature of parent/guardian

Date