

Madina School

REGISTRATION FORM

SECTION I – STUDENT INFORMATION

1a. Student Legal Name (First, Middle, Last)			b. Preferred Name		
c. Gender <div style="text-align: center; margin-top: 5px;">M F</div>	d. Birth Date (MMDDYYYY)	e. Student SSN	f. Student Grade		
g. Home Address			h. Home Phone		
i. Language Spoken at Home		j. Other Language(s) Spoken		k. Known Allergies	

SECTION II – PARENT/GUARDIAN INFORMATION

2a. Father's Legal Name (First, Middle, Last)		b. Employer / Occupation	c. Cell Phone
d. Work Address		e. Work Phone	f. E-Mail Address
g. Mother's Legal Name (First, Middle, Last)		h. Employer / Occupation	i. Cell Phone
j. Work Address		k. Work Phone	l. E-Mail Address

SECTION III – LOCAL EMERGENCY CONTACT INFORMATION

3a. First Emergency Contact Name (Not Spouse)		b. Contact Home Phone	c. Contact Cell Phone
d. Contact Address			e. Relationship to Student
f. Second Emergency Contact Name (Not Spouse)		g. Contact Home Phone	h. Contact Cell Phone
i. Contact Address			j. Relationship to Student

SECTION IV – PARENT/GUARDIAN CONSENT

I understand and agree that my child(ren) must abide by the rules and regulations of the school at all times. My child(ren) must obey and respect the teachers and parents and demonstrate Islamic manners and behavior. I understand me, my child(ren) and my spouse are expected to maintain Islamic etiquettes and dress code while at school. I agree to attend scheduled parent-teacher conferences and participate in fund raising activities. I understand my child(ren)'s immunization record, medical form and birth certificate must be submitted for my child(ren) to attend class. I understand that I have the right to review my child(ren)'s records and that a copy of the school and health records will be released to the next school he/she/they attend(s) without further approval.

I give permission for my child(ren) to receive first aid at school and any emergency treatment considered necessary with the following exceptions noted below:

I verify the information is correct or has been corrected.

4a. Signature of Parent / Guardian	b. Date (MMDDYYYY)
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