

Full-Time Student Application

Please print clearly.

Current Grade: _____ Grade Entering: _____ Male Female HIFZ AALIM/AALIMA

Has the student previously applied for admission to Al-ilm Educational Institute? Yes No

Student's Legal Name: _____ Preferred Name: _____
First Middle Last

Home Street Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Birthplace: _____

Country of citizenship, if other than U.S. _____ Medical Insurance Policy No. _____

Physicians Contact Information: Name: _____ Address: _____ Phone: _____

Predominant language spoken at home: _____

Present School Information: _____

Schools previously attended:

Grade	School Name	Address	Dates Attended
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Elementary School

Middle School

Father's Information:

First Name

Last Name

Street Address (if different from student)

City State ZIP

(_____) _____
Home Phone

(_____) _____
Cell Phone

Email

Occupation

Place of Employment

(_____) _____
Work Phone

Mother's Information:

First Name

Last Name

Street Address (if different from student)

City State ZIP

(_____) _____
Home Phone

(_____) _____
Cell Phone

Email

Occupation

Place of Employment

(_____) _____
Work Phone

Emergency Contact:

First Name

Last Name

Street Address

City State ZIP

(_____) _____
Home Phone

(_____) _____
Cell Phone

Email

Relation to Student

Signature: _____
Parent/Guardian

Date: _____