



AL-ILM EDUCATIONAL INSTITUTE

A Premier Islamic School and Seminary

Weekend Classes Application Form

Current Grade _____ Grade Entering _____ Male Female

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

Student's Legal Name _____
Last First Middle Preferred Name

Home Address _____
Street City State ZIP code

Birth Date _____ 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 _____

Father's Information

Mother's Information

Emergency Contact

Title _____

Title _____

Title _____

Last Name _____

Last Name _____

Last Name _____

First Name _____

First Name _____

First Name _____

Street Address _____

Street Address _____

Street Address _____

City State ZIP _____

City State ZIP _____

City State ZIP _____

Home Phone _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Email _____

Occupation _____

Occupation _____

Occupation _____

Place of Employment _____

Place of Employment _____

Place of Employment _____

Work Phone with Area Code _____

Work Phone with Area Code _____

Work Phone with Area Code _____

Signature: _____

Parent/Guardian

Date