

OFFICE USE ONLY:

Date Received: _____ Scheduled Test Day: _____ Date Accepted: _____

Testing Fee Paid Yes No \$ _____ Registration Fee Paid Yes No \$ _____ Book Fee Paid Yes No \$ _____*Al-Ghazaly School Registration Application***STUDENT INFORMATION**

| | | | |
|-----------------------------------|----------------------------------|---------------------|--|
| Today's Date: | Current Grade: | Grade Applying for: | Date of Birth: |
| LAST NAME: | | FIRST NAME: | |
| | | M.I.: | |
| Place of Birth: | Age on October 1 st : | Sex: M F | Social Security #: |
| Street Address: | | Home Phone: | |
| City: | State: | Zip: | Bus Transportation if Available: Yes No |
| Name of School Transferring from: | | Reason for Leaving: | |
| Street Address: | | Number: | |
| City: | State: | Zip: | |

PARENT INFORMATION

| | | |
|---|-------------|--------------------|
| FATHER'S NAME: | | Social Security #: |
| Cell #: | Business #: | Email: |
| Home Address: <i>(If different from student)</i> | | |
| Name of Employer: | | Occupation: |
| Street Address: | | Educational Level: |
| City: | State: | Zip: |
| MOTHER'S NAME: | | Social Security #: |
| Cell #: | Business #: | Email: |
| Home Address: <i>(If different from student)</i> | | |
| Name of Employer: | | Occupation: |
| Street Address: | | Educational Level: |
| City: | State: | Zip: |

EDUCATIONAL HISTORY

| | | | | | |
|------------|-----------------------------|--------------------------|-----------------------------|-----|----|
| Ethnicity: | Language(s) Student Speaks: | Language Spoken at Home: | Parent's Fluent in English: | | |
| | | | Father | Yes | No |
| | | | Mother | Yes | No |

Record of Previous School

| Grade: | Name of School and City: | Year: | Public | Private |
|--------|--------------------------|-------|--------|---------|
| _____ | _____ | _____ | | |
| _____ | _____ | _____ | | |
| _____ | _____ | _____ | | |

| | |
|---------------------|-----------------------|
| Reason for leaving: | Reason for returning: |
|---------------------|-----------------------|

Has your child ever advanced a grade level or repeated a grade level? If yes, please explain:

Has your child ever been dismissed or asked to leave a school? Yes No

If yes, please explain: _____

Please indicate any special circumstances that may have affected your child's performance in school or may affect attendance, participation or performance at school? (Loss of family member, relocation, illness, etc.)

Please list all of the applicant's siblings:

| Name: | Grade: | School Attending: |
|-------|--------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please check the following if applicable:

- | | | |
|--|---|--|
| <input type="checkbox"/> Parents divorced | <input type="checkbox"/> Father remarried | <input type="checkbox"/> Father deceased |
| <input type="checkbox"/> Parents separated | <input type="checkbox"/> Mother remarried | <input type="checkbox"/> Mother deceased |

Applicant lives with:

- | | | | |
|---------------------------------------|---------------------------------|---------------------------------|--|
| <input type="checkbox"/> Both parents | <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Stepparent Guardian |
|---------------------------------------|---------------------------------|---------------------------------|--|

If divorced, legal responsibility for school decisions is with: Mother Father

If divorced, legal responsibility for custody of the student is with: Mother Father

Additional information about your child's educational history. If needed, please use an additional sheet of paper.

PERSONAL HISTORY

To serve your child to the fullest extent is there any special information you feel would be helpful for us to know.

Are there any educational modifications?

Has your child ever been under the care of a psychiatrist?

Has your child been diagnosed with any learning or behavioral disabilities? Yes No

If yes, what is the diagnosis?

Medications?

Has your child undergone academic or psychological testing outside school administered or standardized tests? Yes No

Name of Organization:

Place:

Contact Phone:

EMERGENCY CONTACT NUMBERS

Emergency Contact Name:

Phone Number:

Relationship:

Emergency Contact Name:

Phone Number:

Relationship:

MEDICAL INFORMATION

MEDICAL ALERT:

Asthma
Seizure disorder

Diabetes
Other_____

Allergies
None

Please specify Allergies:

May health information be shared with staff: Yes No

Request health information from Physician: Yes No

Child's Physician Name:

Number:

Family's Physician Name:

Number:

In case of accident or serious illness, I request the school to contact me. If unable to reach me, I authorize the school to call either physician's for instruction: In an emergency, the school has my permission to transport my child for treatment. I authorize emergency treatment to or at the hospital:

Name of Hospital:

City:

Parent Signature:

Date:

CERTIFICATION STATEMENT

I understand that by accepting a spot in Al-Ghazaly School I am responsible for all tuition and fees for one academic year.

I certify that all the information contained in this admissions application is accurate and correct, and give Al-Ghazaly School permission to contact the schools my child has previously attended or any other professional listed who will aid in the appropriate admission decision for my child.

Parent/Guardian Signature:

Date: