



Student Registration Form

\$25 Registration Fee per child

Student Information

Last Name	First Name	Middle	Date of Birth	Grade	Sex
Address				Home Telephone Number	
Social Security Number	Birth Place	Ethnic Background		Language Spoken at Home	
Father's Name	Place of Employment			Business Telephone	
Mother's Name	Place of Employment			Business Telephone	
Guardian's Name	Place of Employment			Business Telephone	
Student lives with Both Parent Mother Father Other _____					
Iqra Academy has the permission to take photographs and/or video of _____ (child), to be used in the classroom, for educational or promotional purposes and/or public awareness of our school.					

Person To Call In Case Of Emergency, If Parents Cannot Be Reached At Home Or Work

Name	Telephone Number	Relationship to Student
1)		
2)		
3)		

Students Special Health Problems :

Health Insurance:

Brothers and Sisters Living At Home

Name	Date of Birth	School
1)		
2)		
3)		
4)		

For Office Use Only

Student No. _____	Grade _____	Enrollment Date _____	Withdrawal Date _____
Immunizations:	Current _____	Not Current _____	Remark _____
Identification _____	Birth Certificate _____	Social Security _____	
Registration Fee _____	Text Book free _____	Amount Paid _____	Check # _____