

المدرسة الإسلامية



**AL-MADRASA AL-ISLAMIYA**

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**The Following Documents Must Be Attached With Application:**

- Birth certificate
- Immunization record
- Last report card
- IEP (Individualized Educational Program)
- Standardized test scores
- Medical record
- \$35 Testing fee (Non-refundable)

**ALL DOCUMENTS MUST BE SUBMITTED IN ORDER FOR THE APPLICATION TO BE PROCESSED**

Student's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Age \_\_\_\_\_

Other names the student is known by: \_\_\_\_\_

Address: \_\_\_\_\_

Apt. \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Previous school's Name & address: \_\_\_\_\_

Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Last grade completed: \_\_\_\_\_ Year of completion: \_\_\_\_\_

Was the student promoted? \_\_\_\_\_ Did he/she attend ESL? \_\_\_\_\_

Does student have an IEP? \_\_\_\_\_

Was the student ever suspended from school? \_\_\_\_\_

If yes, please specify the reason: \_\_\_\_\_

Is the student currently taking medication? \_\_\_\_\_ if yes, please specify the name of medication: \_\_\_\_\_

Does the student wear glasses? \_\_\_\_\_

Does the student have allergies? \_\_\_\_\_. If yes, please specify the type of allergy: \_\_\_\_\_

Is student receiving speech therapy? \_\_\_\_\_

Name of healthcare provider: \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Father's name/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Apt. #** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Mother's name/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Apt. #** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**List the name(s) of the parent(s)/guardian(s) the student lives with:**

\_\_\_\_\_

**List two emergency telephone numbers (1) \_\_\_\_\_ relationship to student (2) \_\_\_\_\_**

**How will the student travel to school?** \_\_\_\_\_

**Indicate the names and relationships of the people who are authorized to receive the student at dismissal** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**PLEASE DO NOT LEAVE ANY BLANK SPACES**

**This part of the form is reserved to the administrative use**

**Test scores: Math:** \_\_\_\_\_ **Reading Comprehension:** \_\_\_\_\_

**Accepted:** \_\_\_\_\_ **Waiting list:** \_\_\_\_\_ **Declined:** \_\_\_\_\_