

Al-Ikhlās Training Academy

Enrollment Application

Middle School

APPLICANT INFORMATION

Applying for admission to grade: 6 ___ 7 ___ 8 ___ (month/day/year) _____
Applicant's legal name: _____ Gender: _____
AKA: _____
Date of Birth: ___/___/___ Age: ___ Place of Birth: _____
Social Security Number: ___ - ___ - _____ Country of Citizenship: _____
Street Address: _____ Phone: () ___ - _____
City: _____ State: _____ Zip: _____

FAMILY INFORMATION

FATHER: _____ Soc. Sec. Number: ___ - ___ - _____
Street Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____ Bus. Phone _____
Occupation: _____ Position: _____ Employer: _____
Business Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Fax #: _____
Religion: _____ Languages Spoken: _____

MOTHER: _____ Soc. Sec. Number: ___ - ___ - _____
Street Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____ Bus. Phone _____
Occupation: _____ Position: _____ Employer: _____
Business Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Fax #: _____
Religion: _____ Languages Spoken: _____

PARENTS' CURRENT STATUS: Married ___ Single ___ Separated ___ Divorced ___ Widowed ___
If separated or divorced, with whom does applicant reside? _____ Language spoken in home: _____
Number of children living in home: ___ How will applicant get to and from school? _____

EDUCATIONAL INFORMATION

School most recently attended _____ Grade Completed: _____
Address: _____ Phone Number: _____
Principal: _____ Counselor: _____
Has student ever been expelled or suspended for disciplinary reasons? ___ If yes, explain briefly. _____
Has student repeated a grade or failed subjects that had to be retaken? ___ If yes, explain briefly. _____

MEDICAL INFORMATION

Is the applicant subject to any chronic illnesses which would limit his/her participation in the full range of school activities? _____ If yes, please explain. _____

Please check any of the medical problems of which the school should be aware.

Allergies ___ Epilepsy ___ Hepatitis ___ Vision ___ Hearing ___ Attention Disorders ___

Speech ___ Other ___ Please elaborate. _____

Please list two persons that could be contacted in case of an emergency.

	Name	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____

OTHER INFORMATION

Is the applicant currently receiving any professional counseling (emotional, educational, personal, etc.)? Yes ___ No ___ If yes, please indicate when, by whom, and for what reason. _____

Please use the space below to provide any other information about your child that might be helpful or of interest to the school.

STATEMENT OF AFFIRMATION

I do hereby affirm that, to the best of my knowledge, all statements made on this application are true and complete. I understand that any falsification herein could mean immediate dismissal of my child. I also understand that this application does not guarantee admission of my child. Admission is solely the discretion of Al-Ikhlās Training Academy, which is based upon transcripts and other records, and the accurateness and completeness of this application. I also understand that proper fees must also be paid before my child can be officially enrolled.

Signed: _____ Date: _____

Email: _____

Special Note: This application must be accompanied by an application fee of \$125.00, which is non-refundable and is not applicable to tuition.

Al-Ikhlās has a non-discriminatory policy, therefore, no student can be denied admission because of race, religion, creed, or national origin. However, we do reserve the right to deny admission because of a record of unacceptable behavior and/or unacceptable academic performance.