



Updated 1/15/2016

REGISTRATION FORM
For Academic Year 2016-2017

Please note: Any false information provided on this form will nullify the student's admission. Students requiring Special, Alternative, or ESL Education will not be admitted.

Last School Attended: _____ Grade Last Attended: _____
School Address: _____ City: _____ State: _____ Zip: _____
School Phone: _____ School Fax: _____

Names of Brothers/Sisters attending IQA

Name: _____ Grade: _____
Name: _____ Grade: _____

Please complete each item carefully

SECTION A:

Must complete for each child

Today's Date	Student's Name	Current Level	Gender	Birth Date	Birth Place
_____	_____	_____	_____	_____	_____
Student's Social Security #	Home Language				
_____	_____				

SECTION B:

Completing for one child can suffice for others

The following information is exactly SAME AS mentioned on the application of my following child: _____

Ethnicity: (choose one) Asian/Pacific Islander, Caucasian, African-American, Hispanic, Middle Eastern, Multi-Racial, South Asian, Other: _____

Legal Name of Father/Guardian

Place of Employment

Business Telephone

E-mail Address

(_____) _____

Mobile

Skills Father can volunteer to IQA

(_____) _____

Legal Name of Mother/Guardian

Place of Employment

Business Telephone

E-mail Address

(_____) _____

Mobile

Skills Mother can volunteer to IQA

(_____) _____

Home Address

Street _____ Apt# _____ City _____ State _____ Zip code _____

Home Telephone Number (_____) _____



My child may be released to the following person(s) only (Student will NOT be released to any other person without written authorization)

Name	Relationship to Student	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION C:
Must complete for each child**

Local Doctor(s)

Name	Phone	Address
_____	_____	_____
_____	_____	_____

My child has health insurance YES NO

Health Insurance Provider's Name and Contact Information:

Health Information

List health conditions, such as heart disease, diabetes, seizures, asthma, severe food or drug allergies, eye/ear problems, chronic illness, etc. and any medications the student takes:

- I hereby give do not give my consent for my child to be transported and supervised by staff on field trips and all school functions.
- I hereby give do not give my consent for my name, address and phone number to appear in the school year book and directories.
- I hereby give do not give my consent for IQA to take pictures of my child for advertising/ fundraising or any other activities.

In the event my child becomes ill or is injured at school and I cannot be reached, IANT Quranic Academy is authorized to contact the person(s) listed above, or take my child to the physician indicated, or to a hospital and is given consent for emergency care depending on the severity of the illness or injury. The Academy is NOT financially responsible for any emergency care and/or transportation.

Signature below signifies compliance with all Academy policies and procedures

Parent /Guardian Signature: _____ **Date:** _____

Please Initial

- ___ I understand that IQA does not fill the available seats by a first come first serve basis but according to merit.
- ___ I understand that it will take 2 weeks to schedule the admission test and another 6 weeks for the final admission decision.
- ___ I understand that IQA reserves the right to decline an application due to tardiness or failure to show for a scheduled test, observation, or interview.
- ___ I understand that the \$150 Testing and Application fee is non-refundable and there is no guarantee for admission.
- ___ I understand that the \$600 Family Registration fee is due immediately upon confirmation of admission.
- ___ I understand that if accepted my child will be admitted on a probationary basis for the first academic year and may be dismissed any time therein for valid academic or disciplinary reasons.

I understand and agree to the IQA admission process.

_____ _____ _____
Prospective Student Name Parent Signature Date