

# Madina Academy

Windsor, CT

## ENROLLMENT APPLICATION FOR NEW STUDENTS

2009-2010

(Please print or type – One form per student being enrolled)

### **STUDENT INFORMATION**

Name:		Gender: M / F	
Age:	Date of Birth:	Race:	Place of Birth:
Address:			Phone:
City:	State:	Zip:	

### **FAMILY INFORMATION**

<b>Father</b> <input type="checkbox"/> <b>or Step-father</b> <input type="checkbox"/> <b>or Guardian</b> <input type="checkbox"/>			
Name:		SS#:	
Address: (if Different)		Phone:	
City:	State:	Zip:	
Languages Spoken:			
Occupation:			
Employer(s):		Business Phone:	
<b>Mother</b> <input type="checkbox"/> <b>Step-mother</b> <input type="checkbox"/> <b>or Guardian</b> <input type="checkbox"/>			
Name:		SS#:	
Address (if Different)		Phone:	
City:	State:	Zip:	
Languages Spoken:			
Occupation(s):			
Employer(s):		Business Phone:	
Parent/ Guardian E Mail:			

<b>Marital Status of Parents:</b>	<b>Married</b> <input type="checkbox"/>	<b>Separated</b> <input type="checkbox"/>	<b>Divorced</b> <input type="checkbox"/>	<b>Widowed</b> <input type="checkbox"/>
With whom does child reside?		No. of children in family:		
Languages spoken at home:				

### **Other Siblings:**

Name	Gender M/F	Date of Birth	Grade in 08/09	School
1.				
2.				
3.				
4.				

**EDUCATION**

School last attended	City/ State
Grade last completed	Grade to attend (in Sept. '08)
Has the child attended a full time Islamic school before? If so, when and where?	
Has the child ever had disciplinary problems, been suspended or expelled from previous school? If yes, please explain.	
Has the child ever repeated a grade or had serious academic problems in school? If yes please explain.	
What are your goals/reasons for enrolling your children at Madina Academy?	

**MEDICAL**

Does your child have any medical problems?						
Epilepsy	Diabetes	Allergies	Asthma	Hearing	Speech	Vision
Heart Disease	Other - Please specify					

Has your child been identified as having any Learning Disability or special need?
Is your child on any kind of medication?
Does your child have any Allergies to any medication?
If yes, please specify:
Please use the space below to provide any other information about the student that might be helpful.

I understand that the Admissions Committee will review this application before reaching a decision. I further understand that admission into Madina Academy is contingent upon the completion and accuracy of this application and supporting records and transcripts and without any past due amounts for tuition or any other fees. I also realize that the Admissions Committee reserves the right to conduct admission tests prior to reaching a decision regarding admission.

Furthermore I agree to abide by all the policies established in the Madina Academy Handbook (which can be accessed from [www.MadinaAcademy.org](http://www.MadinaAcademy.org)) or which are otherwise established from time to time by the Madina Academy Board.

I hereby affirm that, to the best of my knowledge, all statements made herein are true and complete.

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Father's/Guardian's Name	Father's/Guardian's Signature	Date
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Mother's/Guardian's Name	Mother's/Guardian's Signature	Date
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Madina Academy does not discriminate on the basis of race, color, national or ethnic origin, or sectarian affiliation in the administration of its educational policies, scholarship programs and other school administered programs.

For Office Use Only:

Date Application Rec'd: / /	Check Date: / /	Check #:	Total Amount:
Application Fee (non-refundable)			
Application Reviewed By:			
Remarks:			