

Madina Academy

P.O. Box 564, Windsor, CT 06095-0564

Phone: (860) 219-0569

www.MadinaAcademy.org

REGISTRATION FORM

Child's Last Name:	Child's First Name:				
Date Of Birth:	Male/Female:				
Father's Last Name:	First Name:				
Mother's Last Name:	First Name:				
Street Address:	Town/City:	Zip Code:			
Telephone:	E-Mail:				
Has your child previously attended a school: Yes/No					
If yes, please state full name of school:					
If yes, what grade level or program has the child completed:					
<u>In which grade do you plan to enroll your child:</u>					
KG	Gr 1	Gr 2	Gr 3	Gr 4	
Gr 5	Gr 6	Gr 7	Gr 8	Gr 9	Gr 10
* Please mail this completed form and a <i>NON</i> -refundable \$250 Admission/ Processing fee (checks only please) to the address listed above.					
*Upon receipt of this form and application fee a complete enrollment package will be mailed to you.					
The Admission fee <i>Does Not</i> Apply Towards The Tuition					