

Madina Academy Upper School

Enrollment Application
2020-2021



Source: CTMLS, Inc.

Applicant Name:
Last First

STUDENT INFORMATION

Date: <input type="text"/>		Current Grade: <input type="text"/>
Last Name: <input type="text"/>	First Name: <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Age: <input type="text"/>	Date of Birth: <input type="text"/>	Place of Birth: <input type="text"/>
Street Address: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Home Phone: <input type="text"/>	Student Cell Phone: <input type="text"/>	
Student Email Address: <input type="text"/>	SS#: <input type="text"/>	
Mailing Address (if different from above): <input type="text"/>		

FAMILY INFORMATION

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

Occupation(s): <input type="text"/>					
Employer(s): <input type="text"/>		Work Phone: <input type="text"/>			
E Mail Address: <input type="text"/>		Cell Phone: <input type="text"/>			
Marital Status of Parents: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
With whom does child reside? <input type="text"/>			No. of children in family: <input type="text"/>		
Language most often spoken at home: <input type="text"/>					
Other Siblings: <i>(please continue on back if required...)</i>					
	Name	Gender M/F	DOB (mm/dd/yyyy)	Current Grade	School
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EDUCATION					
School last attended: <input type="text"/>			City/ State: <input type="text"/>		
Grade last completed: <input type="text"/>			Grade Applying for: <input type="text"/>		
Has your child attended a full time Islamic school before? If so, when and where? <input type="text"/>					
Has your child ever had disciplinary problems, been suspended or expelled from previous school? If yes, please explain. <input type="text"/>					
Has the child ever repeated a grade or had serious academic problems in school? If yes please explain. <input type="text"/>					
What are your goals/reasons for enrolling your child at Madina Academy Upper School? <input type="text"/>					

MEDICAL						
Does your child have any medical problems? <input style="width: 100%;" type="text"/>						
Epilepsy <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Allergies <input type="checkbox"/>	Asthma <input type="checkbox"/>	Hearing <input type="checkbox"/>	Speech <input type="checkbox"/>	Vision <input type="checkbox"/>
Heart Disease <input type="checkbox"/>	Other (Please specify): <input style="width: 95%;" type="text"/>					
Has your child been identified as having any Learning Disability or special educational needs/accommodations? <input style="width: 80%;" type="text"/>						
Please use the space below to provide any other information about the student that might be helpful. <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>						

I / we understand that the Admissions Department will review this application before reaching a decision. I / we further understand that admission to Madina Academy Upper School is contingent upon the completion and accuracy of this application, supporting records and transcripts and no outstanding tuition or fees due. I / we also realize that the Admissions Department reserves the right to conduct placement tests and interview prior to student acceptance.

I / we understand that admission to the Dual Program is contingent upon achieving an above average GPA of at least 3.3, taking college placement examinations and having no outstanding disciplinary infractions.

Furthermore, I agree to abide by all the policies established in the Madina Academy Handbook or which are otherwise established from time to time by the Madina Academy Board. The Academy reserves the right to modify/update school policies including those outlined in the Student Handbook.

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

Father's/Guardian's Name

Signature

Date

Mother's/Guardian's Name

Signature

Date

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: