



Full time Islamic School ENROLLMENT APPLICATION FOR NEW STUDENTS

Mail to: Alhuda Academy P.O. Box 4040 T/S Shrewsbury, MA 01545

One form per Student

Student Information

| | | | | |
|---------|---------------|----------------|--------------|--|
| Name | | | Gender (M/F) | |
| Age | Date of Birth | Place of Birth | | |
| Address | | | Phone | |
| City | State | Zip Code | | |

Family Information

| | | | | |
|-----------------------------|--|-------|------------|--|
| Father (or Guardian) | | | | |
| Name | | Title | SSN | |
| Address (if different) | | | Phone | |
| City | | State | Zip | |
| Language(s) Spoken | | | Occupation | |
| Employer | | | Bus Phone | |
| Email Address | | | | |

| | | | | |
|-----------------------------|--|-------|------------|--|
| Mother (or Guardian) | | | | |
| Name | | Title | SSN | |
| Address (if different) | | | Phone | |
| City | | State | Zip | |
| Language(s) Spoken | | | Occupation | |
| Employer | | | Bus Phone | |
| Email Address | | | | |

| | | | | |
|--------------------------------|---------|-----------|----------------------------|---------|
| Marital Status: | Married | Separated | Divorced | Widowed |
| With whom does child reside? | | | No. of children in family: | |
| Language(s) spoken in the home | | | | |

| Siblings (not being enrolled at Alhuda Academy) | | | | |
|--|--------------|---------------|---------------|------------------|
| Name | Gender (M/F) | Date of Birth | Grade in Sep. | School attending |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

Would you like to apply for Financial Aid? Please select one: Yes No.
If yes, please complete Financial Aid Application by April 30.

Turn over please

Education

| | |
|---|--------------------------------|
| School last attended | City |
| Grade last completed | Grade to attend (in September) |
| Has student attended a full-time Islamic school before? If so, when and where? | |
| Has student ever had disciplinary problems, been suspended or expelled from school? If so, Explain | |
| Has student ever repeated a grade or had serious academic problems in school? If so, Explain | |
| What are your goals/reasons for enrolling your child(ren) at Alhuda Academy? | |

Medical

| | | | | | | |
|--|------------------------|-----------|--------|---------|--------|--------|
| Does your child have any medical problems of which the school should be aware? | | | | | | |
| Epilepsy | Diabetes | Allergies | Asthma | Hearing | Speech | Vision |
| Heart Disease | Other - Please explain | | | | | |

Please use space below to provide any other information about the student that might be helpful

PLEASE SUBMIT THIS APPLICATION WITH A \$50 NON-REFUNDABLE PROCESSING FEE PLUS A \$ 200 DEPOSIT TO BE DEDUCTED FROM LAST TUITION PAYMENT FOR A TOTAL OF \$250 PER STUDENT APPLICATION. MAKE CHECKS PAYABLE TO ALHUDA ACADEMY.

I (We) hereby affirm that, to the best of my (our) knowledge, all statements made herein are true and complete. I (We) understand that this is only an application for enrollment, and it is not a contract. I (We) also understand that the Alhuda Academy will review the information and its supporting documents before a final decision is made. I (We) further understand that admission into Alhuda Academy is contingent upon the completeness and accuracy of this application and its supporting records including the transcripts and other documents that the Academy might require. I (We) affirm that I (we) will abide by all school policies including payment policies.

(Father's/Guardian's Name)

(Father's/Guardian's Signature)

____/____/____
Date

(Mother's/Guardian's Name)

(Mother's/Guardian's Signature)

____/____/____
Date

Alhuda Academy does not discriminate on the basis of race, color, national, or ethnic origin in the administration of its educational policies, scholarship programs, and other school-administered programs.

For Office Use Only:

| | | | |
|---------------------------------|----------------|--|------------------|
| Date Appl'n Recv'd: // | Check Date: // | Check # | Total Amount: \$ |
| Appl'n fee (non-refundable): \$ | | Deposit (applied towards last payment): \$ | |
| Appl'n Reviewed by: | | Remarks: | |