



## Aqsa School Student Registration Form

Year \_\_\_\_ / \_\_\_\_

**Office Only**

Family ID \_\_\_\_\_  
Withdraw Date \_\_\_\_\_

**Student Last Name:** \_\_\_\_\_

**Student First Name:** \_\_\_\_\_

**New Student:** \_\_\_\_\_ **Enroll Date:** \_\_\_\_\_

**Previous School:** \_\_\_\_\_ **Previous Grade:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Father Name:** \_\_\_\_\_ **Father Nationality:** \_\_\_\_\_

**Father Occupation:** \_\_\_\_\_ **Father Phone:** \_\_\_\_\_

**Mother Name:** \_\_\_\_\_ **Mother Nationality:** \_\_\_\_\_

**Mother Occupation:** \_\_\_\_\_ **Mother Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Circle Family Status:**    married    divorced    separated    widow    widower

**Sibling 1:** \_\_\_\_\_ **Sibling 2:** \_\_\_\_\_ **Sibling 3:** \_\_\_\_\_

**Sibling 4:** \_\_\_\_\_ **Sibling 5:** \_\_\_\_\_ **Sibling 6:** \_\_\_\_\_

\_\_\_\_\_ As part of the curriculum of the school, I understand that the school will sometimes schedule activities outside of the classroom.

These activities include field trips, school plays, contests, outdoor education etc.

I hereby give my consent for my daughter to participate in all regularly scheduled activities both on/off school grounds.

**Parents/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Emergency Information**

**Home Phone Number**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Address</b>	<b>City</b>	<b>Zip Code</b>
<b>Father's/Guardian Name</b>	<b>Place of Employment</b>	<b>Work No. w/Area Code</b>
<b>Mother's/Guardian Name</b>	<b>Place of Employment</b>	<b>Work No. w/Area Code</b>
<b>Father's/Guardian Cell Phone#</b>	<b>Mother's/Guardian Cell Phone#</b>	

If we cannot be contacted at the above locations at the time of illness or serious injury, school authorities have permission to call any of the following, who will help assume responsibility until we can be located. The student will be allowed to go home with them as well.

1<sup>st</sup> Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
2<sup>nd</sup> Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
3<sup>rd</sup> Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_  
**ASTHMA:** YES      NO  
**HEALTH PROBLEMS:** \_\_\_\_\_  
**MEDICATIONS:** \_\_\_\_\_

<b>Family Physician</b>	<b>Address</b>	<b>Phone# W/Area Code</b>
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*If there should be serious injury or illness, which would require that we call paramedics, student will be transported to the nearest hospital.*

**SCHOOL AUTHORITIES HAVE OUR CONSENT TO ACT IN AN EMERGENCY TO SECURE THE NECESSARY AID AND TRANSPORTATION FOR THE PRESERVATION OF OUR CHILDS HEALTH IN TIME OF EMERGENCY.**

<b>Date</b>	<b>Signature of Parent/Guardian</b>
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**PLEASE INFORM THE FRONT OFFICE OF ANY CHANGES IN THE ABOVE INFORMATION**