



Al-Ghazaly Jr/Sr High School / Al Hikmah Elementary School

Application for Admission 2020-2021

APPLICATION FOR ADMISSION		
STUDENT INFORMATION		
Last Name:	First Name:	Middle Initial:
Date of Birth:	SSN:	Phone:
Current Address:		
City:	State:	Zip Code:
Current Grade:	Applying for Grade:	Home Phone:
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Has student applied/attended IEF Schools? <input type="checkbox"/> No <input type="checkbox"/> Yes When: _____	
(Optional) Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other:		
FAMILY INFORMATION		
Father Name:		
Home Address (if different from above):		
City:	State:	Zip Code:
Cell Phone:	E-mail:	
Work Phone:		
Mother Name:		
Home Address (if different from above):		
City:	State:	Zip Code:
Cell Phone:	E-mail:	
Work Phone:		
<i>Please inform the school immediately if there is any change in the information provided.</i>		
EMERGENCY CONTACT		
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	Zip Code:
Relationship:		
SIBLING INFORMATION		
Name:	Age:	School:
Name:	Age:	School:
Name:	Age:	School:
Name:	Age:	School:
EDUCATION		
Last School Attended or Present School:		
Address:		How long attended?
Head or Counselor:	Phone:	Fax:



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Other Schools Attended in the Past 3 Years:		
School Name: _____	State/Country: _____	Grades Attended: _____
School Name: _____	State/Country: _____	Grades Attended: _____
School Name: _____	State/Country: _____	Grades Attended: _____
ADDITIONAL INFORMATION		
<i>The following questions will assist us in providing meaningful instruction to all students:</i>		
1. Please check the appropriate box that describes the knowledge level that your son/daughter displays of Islam. <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced		
2. What language does your son/daughter most frequently speak at home? _____		
3. What language is most often spoken <i>by the adults and student</i> at home? _____		
4. Has the student ever been enrolled in a special education program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____		
5. Has this student ever had psychological testing or been screened for academic difficulties or learning disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____		
6. Is there any other medical information GHS should be aware of? _____		
BILLING INFORMATION		
Student resides with:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Other:
Bills will be sent to?	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Other:
SIGNATURES		
Signature of Applicant: _____	Date: _____	
Signature of Parent or Guardian: _____	Date: _____	
OFFICE USE ONLY		
<input type="checkbox"/> Application Fee (\$200 nonrefundable):	Cash <input type="checkbox"/> Check # _____	<input type="checkbox"/> MO # _____ Date: _____
<input type="checkbox"/> New Student Transfer Fee (\$1,000, exempt):	Cash <input type="checkbox"/> Check # _____	<input type="checkbox"/> MO # _____ Date: _____
<input type="checkbox"/> Book Fees (\$350):	Cash <input type="checkbox"/> Check # _____	<input type="checkbox"/> MO # _____ Date: _____
<input type="checkbox"/> Official Transcript	<input type="checkbox"/> Report Cards	<input type="checkbox"/> Standardized Tests <input type="checkbox"/> Immunization Records
<input type="checkbox"/> Placement Exam Date: _____	<input type="checkbox"/> Acceptance Date: _____	