

Today's Date: S	School Year:	r: Grade Entering:	
Student is: New	Returning	Gender: M	F
Last Name:	, First:		Middle:
Date of Birth: DD	Place of Birth:	Country	Age on Sept. 1st:
Nationality: Ethnicity: Home Language:			e Language:
Home Address:	Apt#: _	City:	Zip:
Student lives with: Both Parents Father Mother Other:			
Student's Parent(s) Are:	Married Separated	Divorced	Widowed Single
Last School Attended: Public / Private, District:			
Last School Phone: Last School Office Email:			
Student will/can be picked up from school on any school day or in any emergency situation by:			
Name	Cell Phone	Work/Home P	Phone Relation to Student
1.			Father
2.			Mother
3.			
4.			
■ Please write restrictions/court orders for student's release if any:			
Please list allergies/medications/disabilities/procedures/special behaviors of the child with instructions:			
I/We, give / do not give permission for my child's picture/video/image to be used by Al-Ansar Academy			
for school purposes. I, certify that the information given above is complete and accurate.			
Father's Email: Mother's Email:			
Father's Signature: Mother's Signature:			
Father's Name:Mother's Name:			
Please submit a copy of student's 1. Birth certificate 2. Immunization record 3. Utility bill 4. Transcripts			
Enrollment Approved By: (AAA office use only)			