



AL-FURQAN ACADEMY

Excellence in Education and Morals with Qur'an as "the Criterion"

www.myAlFurqan.com (678) 802-9951 and (678) 837-6232

NEW STUDENT REGISTRATION FORM FOR 2018-2019 SCHOOL YEAR

STUDENT INFORMATION

Last Name		Grade (2018-19)	
First Name		DOB	
Middle Name		Gender	
Address		State/Zip	
City		Home Phone	
Parent's Email			
Quran level (Qaidah, Nazeerah, Hifz-#of juz)			
Medications			
Allergy/Medical Issues			
Last school attended Name		Last Grade Attended	
Address		Phone #	
City		State/Zip	

PARENT/GUARDIAN's INFORMATION

Father Last Name		Father First Name	
Address (if diff from student's)		State/Zip	
Home Phone		Mobile Phone	
Email address		Mobile Service Provider	
Employer		Profession (optional)	
Employer Address			
Mother Last Name		Mother First Name	
Address (if diff from student's)		State/Zip	
Home Phone		Mobile Phone	
Email address		Mobile Service Provider	
Employer		Profession (optional)	
Employer Address			

EMERGENCY CONTACTS

Last Name		First Name	
Address		State/Zip	
Phone		Relationship	
Physician		Phone	

Registration fee is \$150. I also understand the admission is based on Academic and Behavioral Assessment.

Signature of Parent/Guardian _____ Date: _____

Official use only:

Payment: Check #: _____ Date: _____ Received by: _____

Student Accepted: Yes/No Date: _____ if no, reason: _____

Comments: _____