

# Al-Noor Academy

20 Church Street, Mansfield, MA 02048

Send Correspondences to P.O. Box 800, Mansfield, MA 02048

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## ENROLLMENT APPLICATION

6<sup>th</sup> – 12<sup>th</sup> Grade

(Please print or type - One form per student)

### 1. Student Information

First Name	Last Name	Birth Date	Male/Female	SSN	Grade*
			M <input type="checkbox"/> F <input type="checkbox"/>		

\* Which grade the student is applying for? All applications from other school districts must be accompanied by supporting documents: 1- health records, 2- academic records and 3- discipline records.

### 2. Education (returning students may skip this section)

Last School Attended:	Grade Completed:	City:	State:
Did student attend an Islamic school before? If yes, when and where?			
Has student ever had disciplinary problems, been suspended or expelled from school? If yes, explain:			
Has student ever repeated a grade or had serious academic problems in school/ If yes, explain:			
What are your goals/reasons for enrolling your child(ren) at Al-Noor Academy?			

### 3. Medical Information: Does your child have any medical problem affecting his/her school day?

Epilepsy <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Allergies <input type="checkbox"/>	Asthma <input type="checkbox"/>	Hearing <input type="checkbox"/>	Speech <input type="checkbox"/>	Vision <input type="checkbox"/>
Heart Disease <input type="checkbox"/>	Other illness:					

Please provide any other information about the student that might be helpful

### 4. Signature of the Parent or the Guardian

I hereby affirm that, to the best of my knowledge, all statements made herein are true and complete. I understand that this is only an application for enrollment, it is not a contract. I further understand that admission into Al-Noor Academy is contingent upon the completeness and accuracy of this application and its supporting records including the transcripts and other documents that the school might require. I affirm that I will abide by all school policies including payment policies.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Parent's/Guardian's Name)                      (Parent's/Guardian's Signature)                      Date

#### For Office Use Only:

Date Received: ___/___/___	Fee received: \$ _____	Deposit (toward tuition): \$ _____
Reviewed by:	Remarks:	

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