



STUDENT REGISTRATION FORM – SECONDARY SCHOOL

Registration Date : (d) / (m) / (y) Class Required:

Full Name :

Nick Name : Sex : Male / Female

Religion : Blood Group : O / A / B / AB

Birth (Date & Place) :, (d) / (m) / (y)

Nationality :

Home Address :

Phone Postal Code :

Please list previous schools, beginning with last one attended, include pre-school or nursery schools:

School Name	Grade	NISN

Do you repeat any grades?..... If yes, what grades?.

Name of last school attended? Grade Completed

Reason for leaving last school.....

Address of last school:

Phone Postal Code :

How much of the Holy Quran do you have memorized?

Juz	Surah



FAMILY INFORMATION:

Father's Full Name :

Father's Employer : Cell phone :

Address :

Phone Postal Code :

Mother's full name :

Mother's Employer : Cell phone :

Address :

Phone Postal Code :

Legal Guardian 's full name :

Legal Guardian 's Employer : Cell phone :

Address :

Phone Postal Code :

Brothers / Sisters (Full Name)	Birthdate	Age	Grade

List the names of two people in the community who can assume temporary care of you if your father or mother cannot be reached:

Name	Relation	Phone Number



MEDICAL INFORMATION

Do you have any medical or physical conditions that may affect his/her attendance at school? Yes / No . If yes, please give a brief description:

.....
.....

Allergies (food, medicine, bee sting):

.....

Special information or restriction we should know about you:

.....
.....

LANGUAGE

What is your first language?

What language(s) is/are spoken in your home?

I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form.

Signature of Parent/ Legal Guardian	Signature of Student
(.....)	(.....)

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FOR OFFICIAL USE ONLY

Admitted into (class) :

Admission No :

Date of Admission :

Approved By :

Signed By :