



**AL LATHIF  
ISLAMIC  
INTERNATIONAL  
SCHOOL**

**REGISTRATION FORM**

**PRE-SCHOOL**

Registration Date : .....  
 Class Required : .....  
 Full Name : .....  
 Nick Name : ..... Sex : Male / Female  
 Religion : ..... Blood Group :  O  A  B  AB  
 Birth (Date & Place): ..... ( ...../ ...../ .....)  
 Nationality : ..... Age : .....

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

School Name	Grade

Did the child repeat any grades?..... If yes, what grades?.....

Reason for leaving: .....

Home Address : .....

Phone ..... Pos Code : .....

Did the child receive any of the educational services listed below at previous schools?

If so, please check the service and indicate the grade or grades.

Service	Grade
Speech/language/esl	
Vision therapy	
Counseling	
Psychological testing	
Gifted and talented	
Transitional classes	

Service	Grade
Hearing therapy	
Remedial reading	
Remedial math	
Learning support	
Emotional support	
Extended day classes	

**FAMILY INFORMATION:**

Father's Full Name : ..... Cell phone : .....

Father's Employer : ..... Father's work phone : .....

Address : .....

.....

Mother's full name : ..... Cell phone : .....

Mother's employer : ..... Mother's maiden name:.....

Address : .....

.....



**NAMES OF ALL PERSONS LIVING WITH THE CHILD:**

Last Name	First Name	Relationship

Brothers/Sisters (Full Name)	Birthdate	Age	Grade

**HEALTH HISTORY AND CERTIFICATION OF IMMUNIZATION STATUS**

Please enter the date that each dose was received.

Vaccine	1	2	3	4
Any combination of DTP, DT, and TD				
OPV (oral polio)				
MMR (measles, mumps, rubella)				
Hepatitis B				
Varicella				

Allergies (food, medicine, bee sting): .....

Special information or restriction we should know about your child: .....

.....  
.....



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

Name	Relation	Phone Number

**LANGUAGE**

What is/was the student's first language? .....

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

What are your hopes for YOUR child's preschool experience at Al Lathif Islamic International School?

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To the best of my knowledge, the information provided on this form is accurate.

\_\_\_\_\_

Signature                      Relationship to child                      Date

**FOR OFFICIAL USE ONLY**

Admitted into (class) : .....

Admission No : .....

Date of Admission : .....

Approved By : .....

Signed By : .....