

AL-HUDA SCHOOL

1007 Rana Villa Avenue
Camp Hill, PA 17011

ADMISSIONS APPLICATION

Kindergarten-Grade 3

Applicant's Information

Last First Middle Other Name

Street Address City State Zip County

Home Phone (Include area code) Social Security # Male --- Female ---

Date of Birth Place of Birth Primary Language Spoken Other Languages

Has the applicant ever attended Al-Huda School: No Yes (If, yes then indicate date) _____

Grade Applied for: _____ Date of Proposed Entrance: _____

Applicant lives with (Please all options that apply): Mother Father Other: _____

Ethnic Background: (optional):

African Pacific Islander Caucasian African-American Arab Asian

Hispanic Other: _____

Previous School

Name of Recent School Attended: _____ Grade as of Sept. 2010: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Has your child ever been suspended or expelled from a school? Yes No

If yes, please explain: _____

Medical Information

Name of Family Physician: _____ Phone #: _____

Insurance Company & Policy #: _____

1. Has this applicant ever been tested or screened for:

Psychological / Emotional Disabilities: Yes No If yes, then please explain: _____

Learning Disabilities Yes No If yes, then please explain: _____

Other: _____

2. Does the applicant have any health concerns such as allergies, asthma, conditions, surgeries, disease, etc.? Yes No

If yes, please explain: _____

3. Does the applicant take any prescription medication on regular basis? Yes No

If yes, which medicine(s): _____

Family Information

Father's Information

_____		_____	
Full Name		Email Address	

Address	City	State	Zip
_____	_____	_____	_____
Home #	Work #	Cell #	Pager #
_____	_____	_____	_____
Occupation	Name of Company		
_____	_____		

Mother's Information

_____		_____	
Full Name		Email Address	

Address	City	State	Zip
_____	_____	_____	_____
Home #	Work #	Cell #	Pager #
_____	_____	_____	_____
Occupation	Name of Company		
_____	_____		

Siblings

Names and ages/grades of brothers:

Names and ages/grades of sisters:

Emergency Contacts

Name: _____ Relationship: _____ Daytime Phone: _____

Name: _____ Relationship: _____ Daytime Phone: _____

Community Reference

The masjid/ mosque that my family frequents is:

Masjid Name

Phone #

Imam who you consult for Islamic matters: _____

Referral

I was referred to Al-Huda School by:

the parent of

Name of Al-Huda Student

Grade

an Islamic Center

Name of Masjid/Center

City

other: _____

Arabic/Qur'an

For placement purposes, please list the following information:

In Arabic, my child is / has:

no knowledge

taken classes

a native speaker

In Qur'an my child has:

no knowledge

memorizes # _____ of surah.

Please explain your child's experience with Qur'an and/or Arabic:

Services

1. After-Care: Does your child need After-Care? No Yes. (If yes, then please fill out the After-Care Form).
2. Release: I give permission for Al-Huda School to release my child's name and telephone number to other Al-Huda School families for the purpose of carpooling, events coordination, study groups, etc.
 Yes No
3. Release: I give permission for Al-Huda School to photograph/video tape my child for developing promotional/marketing materials for Al-Huda School's fundraising and student recruitment.
 Yes No

Completed Application

The following items must be submitted in order for an application to be considered for admission:

- 1. The application form filled out in its entirety.
- 2. \$40.00 non-refundable application, registration, testing fee remitted with this application.
- 3. Official transcript from previous school.
- 4. Copy of birth certificate.
- 5. Current Immunization Record.
- 6. Standardized Test Result.
- 7. Recommendation letter from Principal, Teacher, or Imam (if requested)

Signature

Name of parent/ guardian (Print)

Signature of parent/guardian

Date

Enrollment is limited. Please return your completed application as soon as possible to the school's main office. Only completed applications will be reviewed and considered for admission. Please inform the school's office for any address changes as soon as they occur.

Phone Number: 717-737-5395

Fax Number : 717-737-5395

For Office Use Only:	Date Received: ____/____/____
Application Fee: _____	Immunization Records: _____
Transcript: _____	Birth Certificate: _____
Transportation Application: ____	Recom. Letter: _____

* Donation for Al Huda School:

\$5.00

\$10.00

Other: