



2017-18 ENROLLMENT FORM FOR NEW STUDENTS

Grade: _____
2017-18

Student Last Name		First Name		Middle Initial	Birth Date	Place of Birth
Home Street Address			Apt #	City	State	Zip Code
Home Phone (including area code)				Cell Phone		Work Phone
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Is a language other than English the primary language used in your home? Is English your child's first language?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Race (select one or more)						
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> White			
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other _____				
MEDICAL AND HEALTH INFORMATION				PREVIOUS SCHOOL		
Physician, Clinic or Health Care Provider			Phone	Name of School		
Insurance Provider		Hospital Name		Street Address		
Any hospitalization during the past 12 months?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	City/State/Zip		
Any medication that is long term continuous use?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Phone Number		
Any chronic medical condition?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Grade level last attended	<input type="text"/>	Date of last attendance
Any Allergies?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Was student suspended or expelled from this school?		
Comments:				Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Has student been suspended or expelled from any school?		
				Yes <input type="checkbox"/> No <input type="checkbox"/>		

<i>For Administration Use Only</i>	
Date Submitted	Dis-Enrollment Date
Complete Registration Checklist	
<input type="checkbox"/> Auto-Withdrawal Form	<input type="checkbox"/> Textbook Fees
<input type="checkbox"/> Registration/Enroll Fee	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Admin/Misc Fee	<input type="checkbox"/> Immunization Record
<input type="checkbox"/> DU Handbook Consent Form	<input type="checkbox"/> Physical/Dental/Eye Exam

EMERGENCY CONTACT INFORMATION #1	
Last Name	
First Name	
Relationship To Student	
Home Phone	
Work Phone	Cell Phone

INFORMATION FOR FATHER/GUARDIAN	
Relationship To Student	Employer
Last Name of Parent/Guardian	Work Phone Extension
First Name of Parent/Guardian	Home Phone
Address (If different)	Cell Phone
	Email

EMERGENCY CONTACT INFORMATION #2	
Last Name	
First Name	
Relationship To Student	
Home Phone	
Work Phone	Cell Phone

INFORMATION FOR MOTHER/GUARDIAN	
Relationship To Student	Employer
Last Name of Parent/Guardian	Work Phone Extension
First Name of Parent/Guardian	Home Phone
Address (If different)	Cell Phone
	Email

PICK UP FROM SCHOOL
Persons authorized to pick up my child:
Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

SIBLING INFORMATION			
Name	Age	DU Student?	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

PHOTOGRAPHY
I authorize the school staff to photograph my child or video tape my child for use in presentations, promotions, social media, and educational activities without compensation.
_____ Signature

****Registrants for Pre-K1 MUST be 3 years old and completely potty trained by September 1st**
****Registrants for Pre-K2 MUST be 4 years old by September 1st**
****Registrants for Kindergarten MUST be 5 years by September 1st**
***Students meeting the Sep 1st cutoff date will be considered first for admission. If seats are available, the students between Sep 2nd and Oct 1st will be considered for admission. Please contact the DU office if any additional information is needed.*

❖ I authorize the request of this student's records from the previous school, if applicable.
❖ I authorize DU to take whatever steps needed to protect the health of the student in case of an emergency requiring immediate medical attention, and the parent or legal guardian cannot be contacted.
❖ I certify that all of the information I have provided on both pages of this form is true and accurate. I understand that falsification of any information or submission of misleading information will be cause for revoking the student's school assignment. It is my responsibility to keep DU informed of any changes, that failure to provide supporting documentation may delay the processing of this application, and that my child may be excluded from school if immunizations are not current.
❖ I authorize my child to receive a developmental screening if DU staff deems it necessary. I also authorize my locality's screening agency to release a complete copy of the screening report to Daarul Uloom.
❖

Print Name Date Signature of Parent/Guardian