



# Daarul Uloom Islamic School

4125 W. Charter Oak Rd ♦ Peoria, IL 61615

Phone: (309) 691-9089 ♦ [www.dupeoria.org](http://www.dupeoria.org) ♦ Email: du@dupeoria.org

## 2019-20 ENROLLMENT FORM FOR NEW STUDENTS

Grade: \_\_\_\_\_  
2019-20

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"/>		

For Administration Use Only	
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

