

PEARLAND ISLAMIC CENTER – (ISGH)



SUNDAY ISLAMIC SCHOOL REGISTRATION FORM

(Please Print and Fill Relevant Fields)

Today's date:				Registration no:			
STUDENT INFORMATION							
Last Name:	First Name:	Middle Init:	Goes by:	Birth date:	Age:	Sex:	
Street address:			City:	State & ZIP Code:			
				-			
Name of School now attending:				Current grade in school of enrollment:			

PARENTS/GUARDIAN INFORMATION				
Fathers First Name:	Last Name:	Mid Initial:	Cell Phone no.:	Secondary no:
Mothers First Name:	Last Name:	Mid Initial:	Cell Phone no.:	Secondary no:
Street address:		City:	Preferred Email:	
			State & ZIP Code: -	

BASIC MEDICAL INFORMATION			
(Students) Physician Address:	Physician Name:	Cell phone no.:	Work phone no.:
Are shot records of the student current? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Applicable			
Please specify any other known condition that needs any special attention.			

IN CASE OF EMERGENCY			
Guardian, relative or alternate contact :	Relationship to student:	Cell phone no.:	Secondary no.:
Guardian, relative or alternate contact:	Relationship to student:	Cell phone no.:	Secondary no.:
The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance owed with regards to the curriculum/ teaching to Pearland Islamic Center – (ISGH).			
_____		_____	
<i>Patient/Relative/Guardian signature</i>		<i>Date</i>	

OFFICIAL USE ONLY		
Admitted <input type="checkbox"/> Denied <input type="checkbox"/>	Registration no.:	Registration Date
Remarks by admitting authority (if any)		

Name of the Admitting Authority

Signature of the Admitting Authority

Date