



ISLAMIC EDUCATION CENTER

MADRASAH - ORLANDO

STUDENTS REGISTRATION FORM:

NAME OF STUDENT:

First: _____ Middle Initial: _____ Last: _____

Date of Birth: _____ Age: _____

Phone #: _____ Email Address: _____

PARENT / GUARDIAN DETAILS:

First: _____ Middle Initial: _____ Last: _____

Phone #: _____ Cell #: _____

Email Address: _____

HOME ADDRESS:

Street Address: _____

City: _____

State / Province: _____

Zip Code: _____

MADRASAH EDUCATIONAL BACKGROUND:

Has Student attended Madrasah previously? Yes / No

If Yes, please give the name of the Madrasah and what level s/he was in:

MEDICAL HISTORY & EMERGENCY CARE:

Does your child have any Special Needs, Health (including Allergies) or otherwise? Yes / No

Is your child on any Medication, or Epipen? Yes / No

If Yes, please provide details:

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Contact #: _____

Name: _____ Relationship: _____ Contact #: _____

MAY WE SEEK MEDICAL HELP, I.E. AMBULANCE, DOCTOR, IN CASE WE ARE NOT ABLE TO CONTACT ANYONE? Yes / No

If Yes, please provide us with the following information:

Name of Doctor: _____ Contact #: _____

Name of Medical Insurance: _____ Policy #: _____

Signed: _____ Date: _____

(Not Valid without Parent / Guardian Signature)

FOR OFFICIAL USE ONLY:

GRADE / CLASS ASSIGNMENT: _____

