

In the Name of Allah
The Compassionate source of All Mercy.
MUSLIM CENTER JUNIOR HIGH SCHOOL
137-58 Geranium Ave. Flushing, NY 11355
Tel: (718) 460-2127/460-9727 Fax: (718) 460-9727 E-mail: MCES786@gmail.com

APPLICATION FOR ADMISSION
School Year 2017-2018

PLEASE TYPE OR PRINT **Date:** _____ **Grade:** _____

Student's First Name Middle Name Last Name

Date of Birth Place of Birth Age Gender (M/F)

Is the Child Fluent in English Name of the Previous School Last Grade Attended

Language Spoken at Home _____ Date enter in USA _____
(if not born in USA)

Home Street Address City State Zip Code

Home Telephone Number _____ E-mail: _____

PARENT INFORMATION

Father's First Name Last Name Father's Occupation

Father's Work Address Father's Work & Cell Number

Mother's First Name Last Name Mother's Occupation

Mother's Work Address Mother's Work & Cell Number.

Will your child need transportation other than yellow bus? (Coordination only) Yes/No _____
If No, who will pick up the child

Name _____ Relation _____

Name _____ Relation _____

Please List Applicant's Brother and Sisters:

<u>Name:</u>	<u>Age:</u>	<u>School Attending:</u>	<u>Grade:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If the parents cannot be reached in case of emergency or an illness, who

<u>Name:</u>	<u>Address:</u>	<u>Phone:</u>	<u>Relationship:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical Information:

Describe the applicant's health in general

Describe any previous hospitalizations

Describe any physical handicaps or allergies
Which would limit in any way the full
Participation in school activities.

Has he/she received any recent physical
or emotional illness? If so, please describe.

Does the applicant wear eyeglasses?

Does the applicant currently take any
prescriptions or other medical treatments such
as insulin, etc.... Please explain.

Name of Pediatrician if any

Address
Phone Number

Enrollment Terms. Please read carefully!

This application becomes valid upon receipt of the non-refundable \$100.00 registration fee for new students. The following items must be presented at the time of application: 1- A copy of the child's birth certificate. 2- An official Vaccination Record. 3 - Previous school record 4 - A recent photographs.

Signature of Parents/Guardian: _____ Date: _____

Please do not write below this space. For office use only.

Serial No.	
Grade	
Entry Date	
Accepted/ not Accepted	

Principal's Signature _____ **Date:** _____