



Islamic Community School Application for Enrollment

School Year 2025 - 2026

Student Information

Child #1 Legal Name:

(Last) (First) (Middle)

Preferred Name: _____ Date of Birth (MM/DD/YYYY): ____/____/____

Grade Level: _____ Sex: M / F Place of Birth: _____

SSN#: _____ - _____ - _____

Please list any allergies, dietary restrictions, or medical conditions:

Child #2 Legal Name:

(Last) (First) (Middle)

Preferred Name: _____ Date of Birth (MM/DD/YYYY): ____/____/____

Grade Level: _____ Sex: M / F Place of Birth: _____

SSN#: _____ - _____ - _____

Please list any allergies, dietary restrictions, or medical conditions:

Child #3 Legal Name:

(Last) (First) (Middle)

Preferred Name: _____ Date of Birth (MM/DD/YYYY): ____/____/____

Grade Level: _____ Sex: M / F Place of Birth: _____

SSN#: _____ - _____ - _____

Please list any allergies, dietary restrictions, or medical conditions:

Parent Information

Mother

Father

Full Name _____

Full Name _____

Home Address _____

Home Address _____

Employer _____

Employer _____

Home Phone (____) _____ - _____

Home Phone (____) _____ - _____

Work Phone (____) _____ - _____

Work Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Cell Phone (____) _____ - _____

E-mail: _____

E-mail: _____