

*In the Name of Allah, Most Gracious, Most Merciful*  
**Meraj Academy**  
 Pre-School – Kindergarten - Elementary

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**Application for Student Enrollment**

**Application Statement**

I hereby make this application for my (son/daughter) \_\_\_\_\_  
**NAME**

to attend Me'raj Academy for the school year of \_\_\_\_\_ and starting the month of \_\_\_\_\_.

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**Signature of Parent or Guardian** **Date**

**Student Information**

*Type or print neatly*

Student \_\_\_\_\_  
**Last** **First** **Middle**

Address \_\_\_\_\_  
**City** **zip**

Phone ( \_\_\_\_ ) \_\_\_\_\_ Birth date \_\_\_\_\_ Grade Entering \_\_\_\_\_

Birthplace \_ \_\_\_\_\_ Age: \_\_\_\_\_ Sex: **M** **F**

**School History**

School last attended \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_

Address \_\_\_\_\_  
**City** **State** **Zip**

Grade in which enrolled \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

List all previous schools attended:

School	Address	Grade	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Family Information**

Father or Legal Guardian \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ City \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_  
Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Mother \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ City \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_  
Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Relationship of Parents: Married / Divorced

**Brothers and Sisters**

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Student Development Information:**

Do any of the following factors apply to your child?

Absent father / mother \_\_\_\_\_ Adoption \_\_\_\_\_ Grandparents in the home \_\_\_\_\_

Does your child have any limitations which would hinder him/her from normal progress in a regular classroom situation?

If so, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been held back a grade or needed special education?

If so, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been promoted to a higher grade?

If so, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

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## Emergency Information and Release Form

### Family Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Person responsible for child \_\_\_\_\_

### Additional persons who may be called in an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information

Authorized Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Authorized Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Authorized Hospital \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
Allergies \_\_\_\_\_  
Special medications needed by the child \_\_\_\_\_

In the event of illness or accident of my child, any member of Meraj staff, in whose care my child has been entrusted, is authorized to administer basic first aid for relief. If further care is needed, and the parent is unable to be reached, consent is given to the staff to have my child transported to any hospital. I agree that any emergency treatment may be administered under the supervision of a licensed physician. I further agree to relieve Meraj Academy and any staff member of any liability because of the exercise of this consent.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_