



# al-burooj academy

Planting The Seeds Of Knowledge

## APPLICATION FOR ADMISSION

### STUDENT INFORMATION

Entering Grade \_\_\_\_\_ Academic Year \_\_\_\_\_  
Applicant's Full Name \_\_\_\_\_  Male  Female  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### EDUCATIONAL HISTORY

Last School Attended \_\_\_\_\_ Grade Completed \_\_\_\_\_ Type of School  Public  Private  
School Address \_\_\_\_\_  
School Phone \_\_\_\_\_ Email \_\_\_\_\_  
Other School Attended \_\_\_\_\_ Dates Attended \_\_\_\_\_  
Reasons for leaving your school \_\_\_\_\_

### FATHER/GUARDIAN'S NAME

Father's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

### MOTHER/GUARDIAN'S NAME

Mother's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Address \_\_\_\_\_  
Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Address \_\_\_\_\_  
Work Phone \_\_\_\_\_

Student Lives at the Address above with:

Both Parents  Mother  Father  Other \_\_\_\_\_



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The Applicant's Parents(s) are:

- Married       Separated       Divorced       Widowed       Single

**SIBLINGS**

Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_

**STUDENT DEVELOPMENT INFORMATION**

Primary Language spoken at home \_\_\_\_\_

Other Languages in which your Child is Proficient \_\_\_\_\_

Does any of the following apply to your child? (If yes, provide professional reports.)

Physical/Health limitations affecting school attendance       Yes    No

Psychiatric/Psychosocial Problems       Yes    No

Behavioral Problems       Yes    No

Hearing/Visual Problems       Yes    No

Does the applicant take any prescribed medication or need any special medical attention?       Yes    No

Condition \_\_\_\_\_ Medication \_\_\_\_\_

Condition \_\_\_\_\_ Medication \_\_\_\_\_

*I certify that all information given in the application is complete and accurate. I understand that failure to disclose information about the applicant may affect the completion of the application process and will not guarantee enrollment in the upcoming school year. Information provided in the application is confidential and intended for school use only.*

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Date Application Received \_\_\_\_\_ Application Fee Paid \_\_\_\_\_  Check       Money Order       Cash