

AL-HUDA SCHOOL
5301 Edgewood Rd.
College Park, MD 20740
ADMISSIONS APPLICATION
Kindergarten-Grade 8

Applicant's Information

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------|----------------------------------|---------------------------------|
| | | | | |
| Last | First | Middle | Other Name | |
| | | | | |
| Street Address | | City | State | Zip |
| | | | | |
| Home Phone (Include area code) | | Social Security # | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| | | | | |
| Date of Birth | Place of Birth | Primary Language Spoken | | Other Languages |
| Has the applicant ever attended Al-Huda School: <input type="radio"/> No <input type="radio"/> Yes (If, yes then indicate date) _____ | | | | |
| Grade Applying for: _____ | | | Date of Proposed Entrance: _____ | |
| Applicant lives with (Please all options that apply): <input type="checkbox"/> Mother <input type="checkbox"/> Father Other: _____ | | | | |
| Ethnic Background: (optional): | | | | |
| <input type="checkbox"/> African <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Arab <input type="checkbox"/> Asian | | | | |
| <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____ | | | | |

Previous School

| | | | |
|------------------------------------------------------------------------------------------------------------------------|--|----------------------|-------------------------|
| Name of Most Recent School Attended: _____ | | Year Attended: _____ | |
| Address: _____ | | City: _____ | State: _____ Zip: _____ |
| Phone Number: _____ | | | |
| Has your child ever been suspended or expelled from a school? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, please explain: _____ | | | |
| _____ | | | |

Medical Information

Name of Family Physician: _____ Phone #: _____

Insurance Company & Policy #: _____

1. Has this applicant ever been tested or screened for:

Psychological / Emotional Disabilities: Yes No If yes, then please explain: _____

Learning Disabilities Yes No If yes, then please explain: _____

Other: _____

2. Does the applicant have any health concerns such as allergies, asthma, conditions, surgeries, disease, etc.? Yes No

If yes, please explain: _____

3. Does the applicant take any prescription medication on regular basis? Yes No

If yes, which medicine(s): _____

Family Information

Father's Information

Full Name _____ Email Address _____

Address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____ Pager # _____

Occupation _____ Name of Company _____

Mother's Information

Full Name _____ Email Address _____

Address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____ Pager # _____

Occupation _____ Name of Company _____

Siblings

Names and ages/grades of brothers:

Names and ages/grades of sisters:

Emergency Contacts

Name: _____ Relationship: _____ Daytime Phone: _____

Name: _____ Relationship: _____ Daytime Phone: _____

Community Reference

The masjid/ mosque that my family frequents is:

| | |
|-------------|---------|
| _____ | _____ |
| Masjid Name | Phone # |

Imam who you consult for Islamic matters: _____

Referral

I was referred to Al-Huda School by:

the parent of _____

| | |
|-------------------------|-------|
| Name of Al-Huda Student | Grade |
|-------------------------|-------|

an Islamic Center _____

| | |
|-----------------------|------|
| Name of Masjid/Center | City |
|-----------------------|------|

other: _____

How did you find out about Al-Huda School ? _____

Arabic / Qur'an

For placement purposes, please list the following information.

In Arabic, my child is / has: no knowledge taken classes a native speaker

In Qur'an my child has: no knowledge memorizes # _____ of surah.

Please explain your child's experience with Qur'an and/or Arabic:

Services

1. After-Care: Does your child need After-Care? No Yes. (If yes, then please fill out the After-Care Form).
2. Release: I give Al-Huda School permission to release my child's name and telephone number to other Al-Huda School families for the purpose of, events coordination, study groups, etc.
 Yes No
3. Release: I give Al-Huda School permission to release my contact information to other families for the purpose of arranging carpools. Yes No
3. Release: I give Al-Huda School permission to photograph/video tape my child for developing promotional/marketing materials for Al-Huda School's fundraising and student recruitment.
 Yes No

Completed Application

The following items must be submitted in order for an application to be considered for admission:

- 1. The application form filled out in its entirety.
- 2. \$40.00 non-refundable application, registration, testing fee remitted with this application.
- 3. Official transcript from previous school.
- 4. Copy of birth certificate.
- 5. Current Immunization Record.
- 6. Standardized Test Result.
- 7. Recommendation letter from Principal, Teacher, or Imam (if requested)

Signature

I certify that the information recorded on this application is correct. If in the future I change my residence, I understand that it is my responsibility to notify the Office of Admissions and Records at Al-Huda School and to provide them with my correct address. If my child is accepted, I agree to abide by the rules, regulations, and policies of Al-Huda School as presently in effect and/or hereafter enacted.

Name of parent/ guardian (Print)

Signature of parent/guardian

Date

Enrollment is limited. Please return your completed application as soon as possible to the school's main office. Only completed applications will be reviewed and considered for admission.

Phone Number: 301-982-2402

Fax Number : 301-982-2325

| | |
|----------------------------------|-------------------------------|
| For Office Use Only: | Date Received: ____/____/____ |
| Application Fee: _____ | Immunization Records: _____ |
| Transcript: _____ | Birth Certificate: _____ |
| Transportation Application: ____ | Recom. Letter: _____ |