



# ISLAMIC SCHOOL OF TRENTON

*Nurturing Knowledge & Piety*

## APPLICATION FOR ADMISSION (NEW)

### 2022-2023 SCHOOL YEAR

**Family Last Name:**

**Father's/Guardian's Full Name:**

**Mother's/Guardian's Full Name:**

### STUDENT INFORMATION

**Child's Name:**

Last Name

First Name

Middle Name

**Date of Birth:**

MM/DD/YYYY

Age

Applying for Grade

**School District:**

Name of the PUBLIC School District in which your child resides

**Hifz Program Option: Open to 3rd grade and above only**

- My child is entering 3rd grade, I would like him/her enrolled in the Nazira (Pre-Hifz) program (approval pending and at discretion of Hifz teacher)
- My child is in 4th grade or above, I would like him/her enrolled in the Full-time Hifz program (approval pending and at discretion of Hifz teacher)
- No, I will not be considering the Hifz program at this time.

## ADDITIONAL INFORMATION

Has the child been enrolled in any school before? If YES, please list the previous school name and grade below:

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

Street

City

State

Zip

School Phone: \_\_\_\_\_

XXX - XXX - XXXX

Reason for leaving previous school: \_\_\_\_\_

Has your child ever been suspended, expelled, or received any disciplinary action in school? If YES, please describe which grade and why.

Has your child ever repeated a grade? If YES, which grade and why.

You have indicated that your child has been tested for the following:

- Learning Disability  
 Language Processing

- DHD/ADD  
 Emotional Difficulties  
 None

List any extracurricular school activities your child has participated in during the last school year (e.g. Masjid activities, Sunday school, sports, special programs, etc.)

Child lives with:

- Both Parents  
 Mother

- Other  
 Father

## CONFIDENTIAL HEALTH FORM

Student's Last Name	First Name	Birth-date
Please list all foods and medications to which your child is allergic:		
Please list care required in the event of an allergic reaction:		
Does your child have asthma or is diagnosed by a physician?		
Has your child been diagnosed as hyperactive by a physician?		
Does your child have a seizure disorder as diagnosed by a physician?		
Has your child been identified as having a bleeding tendency?		
Does your child have diabetes?		
Does your child wear glasses or contacts?		
If so, are there any near vision difficulties?		
Are there any distant vision difficulties?		
Please list any health concerns you have for your child.		

Please attach or provide a copy of your child's up-to-date immunization record and birth certificate.