




Phoenix Metro Islamic School
 125 E. 6th St. Suite 7, Tempe, AZ 85281
 Phone: (480) 829-1443 Fax: (480) 829-1501

Application For Admission and Enrollment Form School Year 2011-2012

Student Information					
Last Name		Enrolling for Grade		Home Address	
First Name		MI:	City: _____ State: _____ Zip: _____		
Birth date		Home Phone			
Gender (circle one)	Male	Female			
Parent/Guardian Information					
Father <input type="checkbox"/> Custodial or <input type="checkbox"/> Non Custodial <input type="checkbox"/> Guardian <input type="checkbox"/> Step Parent (Legal Documentation Required)					
Last Name		Business Name			
First Name		MI:	Business Address		
Address (if different from student)		City		State:	Zip:
Home Phone (if different from student)		Business Phone			
Cell Phone		Social Sec #			
E-mail		Other Phone			
Mother <input type="checkbox"/> Custodial or <input type="checkbox"/> Non Custodial <input type="checkbox"/> Guardian <input type="checkbox"/> Step Parent (Legal Documentation Required)					
Last Name		Business Name			
First Name		MI:	Business Address		
Address (if different from student)		City		State:	Zip:
Home Phone (if different from student)		Business Phone			
Cell Phone		Social Sec #			
E-mail		Other Phone			
Last School Attended					
School Name		School Phone			
School Address					
City	State	Zip	Last Grade Completed		
Ethnicity					
Caucasian		Please check one	Pacific Islander		
African-American			Native American		
Hispanic			White		
Asian			Other (specify)		
Siblings (Child's Brothers and Sisters)					
Name		Age		Name	
First Language Spoken At Home			Second Language Spoken At Home		

Student Name	Emergency Contacts and Authorized Pick Up
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I hereby authorize any individual listed as an Emergency Contact (or updated on a subsequent update form or in writing) to make any and all medical and/or health-care decisions on my behalf if I cannot be reached.

I hereby authorize my child to be released to the individuals listed as "Authorized Pick Up" or updated on a subsequent update form or in writing. I understand that I waive all liability rights against PMIS and its staff for releasing my child into the care of these individuals. I understand that if any of these individuals request that the school release my child into their custody, it will be done without question, without reservation and without verification with the parents/guardians.

Name	Relationship	Daytime Telephone	Authorized Pick up	Emergency Contact

I hereby give permission for the school authorities to obtain medical aid or ambulance service, at my expense, in case of serious accident or illness affecting this child. Initials

I do NOT give permission for PMIS to seek medical aid. My instructions in case of emergency are: Initials

Medical Information

Medical Problem	Yes/No	Please explain all "yes" answers and indicate any medication taken for problems.	Medical Problem	Yes/No	Explain
On Medication?			Vision Problem?		
Heart Problem?			Contact Lenses?		
Limited Activity?			Glasses?		
Diabetes?			Psychological Testing?		
Hearing Problem?			Learning Disabilities?		
Asthma?			Academic Difficulties?		
Seizure Disorder?					
Allergy To Medication?			Has this child ever been enrolled in a special education program?		
Allergy to Bee Sting?					
Allergy - Other?			Name of the program?		
Other Medical Info?			Where was the program?		

Medical Providers

Physician Name		Dentist Name	
Office Phone Number		Office Phone Number	

Please Initial the Following:

I understand that Arabic and Islamic Studies are mandatory subjects at Phoenix Metro Islamic School, and I agree to work with or provide a tutor for my child to achieve the passing grade needed for promotion to the next grade.

I agree to pay all tuition, material, and incidental fees as required by the financial agreement. I agree to abide by and I will require my child to abide by the policies and procedures of the school.

I hereby give permission for PMIS to use photographs containing my child and to photograph my child during activity days, class instruction, performances, field trips, etc. Photographs are taken to provide a visual history of the school's activities, growth and improvement. The photos may be used in newsletters, flyers, publications, yearbooks and other written materials for the benefit of the school and of the students. PMIS will not use the photographs in any inappropriate manner. Initials

Signature (Only One Required)

Mother / Guardian		Father / Guardian	
Date		Date	