



An-Noor QURAN ACADEMY

808 Atwater street • Raleigh, North Carolina 27607 • Email: an-noor@islam1.org • Tel: (919) 834-9537; Fax: (919) 843-9538

APPLICATION FOR STUDENT ENROLLMENT (Registration Form)

(Please print clearly)

Part I: Student Information

Date _____

Student Name: _____ Please check one: Full time regular program

Weekend program

Address: _____ Summer program

Contact number: _____ Please check one: New application

Renewal

Age: _____ Date of birth: _____ Grade requested: _____

Gender: Male Female

Immunization Complete: Yes No (Please attach updated immunization record)

Is your child home schooled Yes No If no, what School is he/she attending now: _____

Background in the Qur'an:

How much Quran has he/she memorized (Juzz/Surah): _____

Can the student read the Qur'an in Arabic? No with difficulty fluently fluently w/understanding

Please list two non-relatives as a reference for student:

1. _____ Association: _____ Phone # _____

2. _____ Association: _____ Phone # _____

Briefly state the reasons why you wish to send your student to An-Noor School:

Part II: Parent Information

Name of Father _____ and Mother _____

or Guardian _____ (Relation of guardian) _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email (Father/Mother) _____

Note: An-Noor Quran Academy does not unlawfully discriminate on the basis of race, color, religion, national or ethnic origin, age, sex or disability in the administration of educational policies, and other school administered programs.

Has your child ever been identified or tested for special needs: Yes No

Speech _____ Hearing _____ Learning _____ Other _____

If yes, please note, An-Noor Quran Academy may not be able to accept your child based on lack of availability and resources for special need children.

Does your child have any other medical conditions that may require attention at School Yes No

If yes, please explain briefly, sign the *medical waiver form* (at end of application) and provide a doctor's note.



PART III: SCHOOL HISTORY

Has your child ever been suspended or expelled from a school? Yes No

If yes, please explain: _____

Name of last school attended _____ Grade completed _____

School phone number _____



Part IV: Emergency Information:

Contact: _____ Phone #: _____

Allergies: _____

Medication: _____

Medical Insurance Company: _____ Policy #: _____

Doctor's Name: _____ Phone #: _____

Signature of Parent/Guardian: _____ Date: _____

Part V: Statement of Cooperation

We understand that official acceptance is based on admission scores, transcript review, personal interview results and availability of enrollment space and teachers.

We agree to pay the entire annual tuition according to the predefined payment schedule. We understand that tuition payments shall be no more than 30 days past due in order to ensure a student(s) privilege to remain in class.

We have read and agree with the policies outlined in the current Student/Parent Handbook and agree to abide by those policies.

We understand and agree that attendance in An-Noor School is a privilege, not a right; and pledge further that, should our child be accepted in the school, we will do everything possible to have our child complete the entire academic year, realizing that another student and family have been denied this privilege as a result of our enrollment.

(Reminder: students accepted for enrollment have reserved space for the year; therefore, if the student withdraws, tuition and supplemental fees are usually not prorated or refunded.)

Initials _____

An-Noor Quran Academy Liability Waiver Form

As the parent/legal guardian of the minor(s) listed, I hereby grant permission for the student(s) to participate in all the activities of the An-Noor School's Qur'an memorization program. I assume full responsibility for any homeschooling, injuries or damages which may occur to these student(s), in, on, or about the premises of the IAR, or arising out of its activities, and do hereby fully and forever release and discharge An-Noor, its Trustees, and all associated with it, including teachers, administrators, and volunteers, from any and all claims, demands, rights of action, or causes of action, present or future, whether same, be known, anticipated or unanticipated, resulting from or arising out of the student(s) participation in the programs and activities of the aforesaid school. I further grant permission to provide emergency first-aid and/or hospitalization to the student(s) listed below in case of injury or illness as deemed appropriate by the school or a physician. Any medical expenses incurred for medical treatment shall be my responsibility.

I certify that all of the above information is accurate.

There is a \$100 non-refundable registration fee. Please write a check to An-Noor Quran Academy.

Signature of Parent/Guardian _____ Date _____

Child's Name _____ Date _____