



# *The Islamic Education School*

Home of the "Bright Future"

## **Returning Students**

**2016-2017**

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

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

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Grade completed: \_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Allergies / Health Concerns:

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Medications / Dosage Instructions:

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment received: \_\_\_\_\_ (for office use only)