



The Islamic Education School

Home of the "Bright Future"

Returning Students

2017-2018

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:

Medications / Dosage Instructions:

Parent/Guardian Signature _____ Date _____

Payment received: _____ (for office use only)