



Student Application 2018-2019

At Al-Furqan Academy (AFA) we strive to provide students with the best well rounded education. We are accredited by various organizations including FCIS (Florida Council for Independent Schools), FKC (Florida Kindergarten Council), CISNA (Council of Islamic Schools of North America) and is a member of ISLA (Islamic Schools League of America). In addition, AFA licensed and certified by ELC (Early Learning Coalition) and DCF (Department of Children and Families). Our goal is to provide students with an environment that will enable them to achieve their highest potential, founded on Islamic morals, scholastic excellence, and good citizenship.

-Student's Legal Last Name: _____

-Student's Legal First Name: _____

-Grade for 2018-2019: : _____

-Student's Home Address: _____

-City, State and Zip Code _____

-Student lives with: ___Mother ___Father ___BOTH ___Other_____

name and relation to student

- Student's Date of Birth: _____ Student's Place of Birth _____

City , State

country

-Gender : ___Male ___Female

-Race/Ethnicity: _____

-Primary Language of Student: _____

-Other Languages spoken at home _____

-List any known allergies, special medical or dietary needs of the student
(if none, write N/A):

-Has student ever attended AFA? yes ___ no ___ If yes, what year? _____.

-Name of current/last school attended _____

-City, State and Country of Last School Attended _____

-Last grade level completed _____

Student Name: _____ Grade: _____



-Was the student suspended or expelled from the previous school? ___yes* ___no

If yes, please explain*

FAMILY INFORMATION:

-Mother: _____, _____
Last Name First Name

-Address if different than student: _____

-Cell phone number: _____

-Valid Email address: _____

-Father: _____, _____
Last Name First Name

-address if different than student: _____

-Cell phone number: _____

-Valid Email address: _____

Siblings enrolled at AFA and grade level (if none, write N/A)

Siblings not enrolled at AFA and grade level (if none, write N/A)



EMERGENCY CARE:

*I, parent of student listed in this application, hereby authorize staff and officials of Al-Furqan Academy to contact authorized emergency contacts, provided by parents, on this form to provide necessary treatment in an emergency.

*In the event the parents and authorized persons listed on the form can not be reached, the school officials are hereby granted authorization to take whatever actions deemed necessary for the health of my child.

*I assume full financial responsibility for the emergency care and/or transportation for my child and will NOT hold Al-Furqan Academy officials and staff responsible.

EMERGENCY CONTACTS AND AUTHORIZED PERSONS:

I hereby grant permission for Al-Furqan Academy staff to release my child to the following persons listed below. The following people will also be contacted and are authorized to act on my behalf as well as remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

1. Emergency Contact

First and Last Name	Relation to Student
Phone Number	

2. Emergency Contact

First and Last Name	Relation to Student
Phone Number	

3. Emergency Contact

First and Last Name	Relation to Student
Phone Number	



COMPUTER USAGE:

I give my child permission to use AFA computers for academic purposes.

- YES
- NO

PICTURES:

I give my child permission to have his/her picture taken for: yearbook, school promotions, school website, classroom activities, etc..

- YES
- NO

FIELD TRIPS

I agree to release and discharge Al- Furqan Academy and its respective members, officials, officers, employees and agents, exercising reasonable care within their scope of employment, from liability growing out of personal injuries and property damage resulting or occurring during the field trip activities, or in transit to and from said activity.

- YES
- NO

By signing below, I certify I am the parent or legal guardian of the student named in this application and all the information is true and correct to the best of my knowledge.

Parent's Signature

Date

FOR OFFICE USE ONLY:

Reviewed by: _____

Approved by: _____

Date Admitted: _____

(Revised April 2018)

Student Name: _____ Grade: _____