



Student Application

At Al-Furqan Academy (AFA) we strive to provide students with the best well rounded education. We are accredited, licensed and certified members of various organizations including FCIS (Florida Council for Independent Schools), FKC (Florida Kindergarten Council), AdvancED, CISNA (Council of Islamic Schools of North America), ISLA (Islamic Schools League of America), and ELC (Early Learning Coalition). 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 Information:

-Last Name: _____ First Name: _____

-Current or Last Grade level completed: _____

-Home Address: _____

-Student lives with: ___Mother ___Father ___BOTH ___Other _____
name and relation

- Birth Date: _____ Place of Birth _____ Gender : ___Male ___Female

-Race/Ethnicity: ___Caucasian ___Asian ___African American ___Middle Eastern
___Hispanic/Latino ___Mixed Race ___Native American ___African ___Other

-Primary Language: _____ *Other Languages spoken at home _____

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

-Has the student ever attended AFA? ___yes ___no.
If yes, what grade and year? _____.

-Name of current or last school attended _____
Address of the school _____

-Was the student suspended or expelled from the previous school? ___yes* ___no
If yes, please explain* _____



Family Information:

***Father/Guardian:** _____, _____
Last Name First Name

-Cell phone number: _____

❖ May be used to to send text messages via texting APPs

-Valid Email address: main source of communication

-Home Address(if different than student): _____

***Mother/Guardian:** _____, _____
Last Name First Name

-Cell phone number: _____

❖ May be used to to send text messages via texting APPs

-Valid Email address: main source of communication

-Home Address(if different than student): _____

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)



2333 St. John's Bluff Rd. South
Jacksonville, Florida 32246
Phone: (904) 645-0810
Fax: (904) 646-3214
Email: office@alfurqanacademy.org
www.alfurqanacademy.org

COMPUTER USAGE:

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

- I understand that my child may lose this privilege if inappropriate use of computer is detected.

- 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



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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: Print Legal Name

Date

Parent's Signature

FOR OFFICE USE ONLY:

Reviewed by: _____

Approved by: _____

Date Admitted: _____

(Revised May 2021)

Student Name: _____