



NUR ISLAMIC SCHOOL OF LOUISVILLE

Growing and Nurturing the Hearts and Minds

6500 Six Mile Lane Louisville, KY 40218

502-459-9447 Office

888-232-4583 Fax

www.nurislamicschool.org

First Emergency Contact Person (other than parents): Name: Address:	Relationship to Student: Phone Number:
Second Emergency Contact Person(other than parents): Name: Address:	Relationship to Student: Phone Number:
Persons Authorized to Pick Up Student (i.e. Carpool) Name Address	Relationship to Student Phone Number
Persons Authorized to Pick Up Student (i.e. Carpool) Name Address	Relationship to Student Phone Number
Student's Primary Doctor:	Phone Number:
1. Has the student ever had psychological testing or been screened for academic difficulties or learning disabilities? YES___NO___ If yes, please explain:	
2. Any health concerns (allergies, asthma, diabetes, etc.)? YES___NO___ If yes, please explain:	
3. Is the student taking any prescription or non-prescription medication? YES___NO___ If yes, please list:	



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Has your child ever been suspended/expelled from a school? YES ___ NO ___ If yes, please explain:		
Name of Previous School Attended (if any):		Dates Attended:
School Address:		
Street	City	State Zip
Phone Number:	Fax Number:	Last Grade Attended:
Name of Previous School Attended (if any):		Dates Attended:
School Address:		
Street	City	State Zip
Phone Number:	Fax Number:	Last Grade Attended:

AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID (Please initial by each line)

_____ I hereby authorize the staff representing Nur Islamic School of Louisville to give consent for any and all necessary emergency medical and First Aid care for my child _____, while he/she is in custody of Nur Islamic School of Louisville. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian.)

Parent/Guardian Signature _____ Date _____

ACKNOWLEDGEMENT OF ACCURACY AND PERMISSION (Please initial by each line)

_____ I hereby attest all information in this application to be true and up to date. I understand that if this information is not found to be accurate, my child's place in Nur Islamic School of Louisville may be forfeited.

_____ I give permission for Nur Islamic School of Louisville to take pictures of my child (____ YES ____ NO) and to use those pictures as publicity and marketing for the school (____ YES ____ NO). I understand that my child's name will not be used with the pictures.

Parent/Guardian Signature _____ Date _____

NISL admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, admissions policies, scholarship and financial aid programs, and other school administered programs.



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HOME SURVEY

1. Was your child born in the United States? Yes No
 If yes, in which state? _____
 If no, in what other country? _____
 How many years has your child been in the United States? _____
2. Has your child attended any school in the United States for at least three years? Yes No
3. What language is spoken by you and your family most of the time at home? _____
4. What language did your child learn when he/she first began to talk? _____
5. What language does your child most frequently speak at home? _____
6. What language do you most frequently speak to your child? (Father) _____
 (Mother) _____
7. Educational Level (please check all that apply)

	High School	Bachelors	Graduate Degree
Mother			
Father			



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8. Please list all Household Members who are infants, children, and students up to and including Grade 12. A household member is anyone who is living with you and shares income and expenses, even if not related. Please list children who are in Foster care and children who meet the definition of Homeless, Migrant or Runaway. Please check all that apply.

Child's First Name	Child's Last Name	Student?	Foster child	Homeless, Migrant, Runaway

9. Do any Household Members, including you, currently participate in one or more of the following assistance programs? _____ Yes SNAP, TANF, FDIPIR? Circle one. _____ No

10. Sometimes children in the household earn income. Please list the TOTAL income earned by all Household Members listed in Question 8. _____ (Please circle) Weekly/Biweekly/Monthly/2x per Month

11. All adult Household Members including yourself. List all Household Members not listed in Question 8 even if they do not receive income. For each Household Member listed, if they do receive income report total income from each source. If they do not receive income, write '0'.

Name of Adult Household Member (First and Last)	Earnings From Work (Weekly/Biweekly/ Monthly/2x per Month)	Public Assistance/ Child Support/ Alimony (Weekly/Biweekly/ Monthly/2x per Month)	Pensions/ Retirement/ All Other Income (Weekly/Biweekly/ Monthly/2x per Month)

Total Household Members _____

Last four digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X X X - X X - _ _ _ _

Parent/Guardian Signature _____ Date _____



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FINANCIAL CONTRACT

	Name	Grade	Tuition	Discounted Tuition
Child 1				
Child2				
Child 3				
Child 4				

NOTE:

No discount will be applied to the eldest child. The second eldest child will receive a 10% tuition reduction. The third child will receive a 15% tuition reduction. The fourth and subsequent child will receive a 20% tuition reduction.

Parent/Guardian Signature _____ Date _____