



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.nurislamicsschool.org

APPLICATION FOR NEW ADMISSION

Only completed application will be accepted. Submission of an application does not guarantee admission.

Enrollment Status: <input type="checkbox"/> Re-enrolling Student <input type="checkbox"/> New Student			Date of Application:		
Student's Name: Last _____ Middle _____ First _____				Expected Start Date:	
Social Security #:		Sex(Male/Female):		Current Age:	Date of Birth:
Place of Birth (City and State OR City and Country if outside US):					Home Phone:
Home/Mailing Address: Street _____ City _____ State _____ Zip _____					
Other siblings enrolled at Nur Islamic School of Louisville: Name _____ Grade _____ Name _____ Grade _____ Name _____ Grade _____ Name _____ Grade _____					
Father's Name: First _____ Last _____		Cell Phone:		Email Address:	
Address (if different than above): Street _____ City _____ State _____ Zip _____					
Employer's Name and Address:				Occupation:	
Mother's Name: First _____ Last _____		Cell Phone:		Email Address:	
Address (if different than above): Street _____ City _____ State _____ Zip _____					
Employer's Name and Address:				Occupation:	
Student's Primary Doctor:				Phone Number:	
Has the student ever had psychological testing or been screened for academic difficulties or learning disabilities? YES ___ NO ___ If yes, please explain:					
Any health concerns (allergies, asthma, diabetes, etc.)? YES ___ NO ___ If yes, please explain:					
Is the student taking any prescription or non-prescription medication? YES ___ NO ___ If yes, please list:					



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First Emergency Contact Person (other than parents):		Relationship to Student:	
Name:		Phone Number:	
Address:		Phone Number:	
Second Emergency Contact Person (other than parents):		Relationship to Student:	
Name:		Phone Number:	
Address:		Phone Number:	
Persons Authorized to Pick Up Student (i.e. Carpool)		Relationship to Student	
Name		Phone Number	
Address		Phone Number	
Persons Authorized to Pick Up Student (i.e. Carpool)		Relationship to Student	
Name		Phone Number	
Address		Phone Number	
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:			
<small>Street</small>		<small>City State Zip</small>	
Phone Number:		Fax Number:	Last Grade Attended:
Name of Previous School Attended (if any):			Dates Attended:
School Address:			
<small>Street</small>		<small>City State Zip</small>	
Phone Number:		Fax Number:	Last Grade Attended:



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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 _____