



# 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

## APPLICATION FOR NEW ADMISSION

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

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



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<b>First Emergency Contact Person (other than parents):</b> <b>Name:</b>  <b>Address:</b>	<b>Relationship to Student:</b>  <b>Phone Number:</b>
<b>Second Emergency Contact Person (other than parents):</b> <b>Name:</b>  <b>Address:</b>	<b>Relationship to Student:</b>  <b>Phone Number:</b>
<b>Persons Authorized to Pick Up Student (i.e. Carpool)</b> <b>Name</b>  <b>Address</b>	<b>Relationship to Student</b>  <b>Phone Number</b>
<b>Persons Authorized to Pick Up Student (i.e. Carpool)</b> <b>Name</b>  <b>Address</b>	<b>Relationship to Student</b>  <b>Phone Number</b>
<b>Has your child ever been suspended/expelled from a school? YES ___ NO ___ If yes, please explain:</b>  	
<b>Name of Previous School Attended (if any):</b>	<b>Dates Attended:</b>
<b>School Address:</b>  	
Street	City
State	Zip
<b>Phone Number:</b>	<b>Fax Number:</b>
<b>Last Grade Attended:</b>	
<b>Please provide two previous teacher email addresses:</b>  1.  2.	



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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 \_\_\_\_\_

## FINANCIAL AGREEMENT

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 administrated programs.

	First And Last Name:	Grade:	Annual Tuition Amount:
Child 1			
Child 2			
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. Families receiving Financial Assistance are not eligible for sibling discounts.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_