

# Islamic School of San Diego

## REGISTRATION FORM 2017-2018

REGISTRATION NOT COMPLETE UNTIL \$250 REGISTRATION FEE IS PAID

Family Last Name: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last Middle First

Applying for Grade Level: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Primary Language: \_\_\_\_\_

Mother Name: \_\_\_\_\_ Father Name: \_\_\_\_\_

Mother Cell \_\_\_\_\_ Father Cell: \_\_\_\_\_

Mother Work: \_\_\_\_\_ Father Work: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother Email \_\_\_\_\_

Father Email \_\_\_\_\_

**Emergency Contact: (1: Local and 2: Out of Town)**

1: Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relation: \_\_\_\_\_

2: Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relation: \_\_\_\_\_

Does the above named student have any known health problem? Yes \_\_\_\_\_ No \_\_\_\_\_ Asthma: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, will this condition interfere with his/her full participation in the school? Please explain: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Plan \_\_\_\_\_ Insurance Plan Number \_\_\_\_\_

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**Authorized Pick-up** (These are the *only* ones, other than parent, who will be allowed to pick up your child)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing below, I acknowledge that submission of this registration packet does not guarantee my child re-enrollment. I understand that due to classroom size limitations, returning students are not guaranteed pre-enrollment in subsequent years. In case there are not enough seats to re-enroll all the current students, ISSD will use academic and citizenship grades to determine the acceptance priority. I also agree to notify the School of any change of my contact information: address, telephone or email.

Parent / Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

