

AMDA ACADEMY
STUDENT APPLICATION FORM
 (ONE FORM EACH)



STUDENT ID: _____

STUDENT'S NAME

DATE OF BIRTH

 Last First Middle

 Month Day Year

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

School Year	2010 to 2011
	Starts on 9/12/2010

Grade at Regular School on 2010-2011	<input type="text"/>
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Home Address:

Home Telephone:

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 Street Address APT#

 City State ZIP

 Email

Parent/Guardian

 Father

 Cell Phone

 Mother

 Cell Phone

 Other

 Cell Phone

HAS THIS CHILD ATTENDED ANY ISLAMIC EDUCATION PROGRAM ?

YES NO

Completed

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

 Name of the institution Grade Level

Passed

NOTE: Please submit documentation of attendance/performance (Report Card, etc.)

DONATION: Total Number of Children

Membership Checked

 1st Child +2nd Child + Additional = Total

Paid by: Check
 Cash

Names of other children

 SIGNATURE

 NAME (PRINTED)

 DATE: