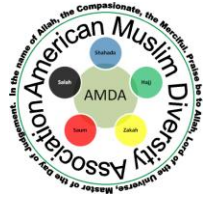


AMDA ACADEMY
STUDENT APPLICATION FORM
 (ONE FORM EACH)



STUDENT ID: _____

STUDENT'S NAME

DATE OF BIRTH

Last		First	Middle	
Male		School Year	2014 to 2015	
Female			Starts on 9/7/2014	

Month	Day	Year
Grade at Regular School on 2014-2015		

Home Address:

Home Telephone:

() -

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	<input type="checkbox"/>	NO	<input type="checkbox"/>
Completed	<input type="checkbox"/>		
Passed	<input type="checkbox"/>		

Name of the institution

Grade Level

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 Names of other children

 Cash

SIGNATURE

NAME (PRINTED)

DATE: