

In the Name of Allah
The Compassionate source of All Mercy.
MUSLIM CENTER JUNIOR HIGH SCHOOL
137-58 Geranium Ave. Flushing, NY 11355
Tel: (718) 460-2127 Fax: (718) 460-9727 E-mail: mces786@gmail.com

APPLICATION FOR RETURNING STUDENTS
School Year 2017-2018

PLEASE TYPE OR PRINT

Date: _____ **Grade:** _____

Student's First Name

Middle Name

Last Name

Returning for Grade

Date of Birth

Place of Birth

Age

Gender: Male / Female

Address/Phone# Change? Yes / No

Home Street Address

City, State and Zip Code

Home Phone No.

E-mail

PARENT INFORMATION

Father's First Name Last Name

Father's Occupation

Father's Work Address

Father's Work & Cell Phone No.

Mother's First Name Last Name

Mother's Occupation

Mother's Work Address

Mother's Work & Cell Phone No.

Will your child need transportation other than yellow bus? (Coordination only)

Yes/No_____ If No, who will pick up the child _____

Name _____ Relation _____

Name _____ Relation _____

(Please, turn over)

Please List Applicant's Brother and Sisters:

<u>Name:</u>	<u>Age:</u>	<u>School Attending:</u>	<u>Grade:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If the parents cannot be reached in case of emergency or an illness, who should be contacted?

<u>Name:</u>	<u>Address:</u>	<u>Phone:</u>	<u>Relationship:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Enrollment Terms. Please read carefully!

This application becomes valid upon receipt of the non-refundable **\$75.00** registration fee for returning students.

Signature of Parents/Guardian: _____ Date: _____

Please do not write below this space. For office use only.

Serial No.	
Grade	
Entry Date	
Accepted/ not Accepted	

Registration Amount paid _____

Check / Cash

Principal's Signature _____

Date: _____

NOTE: - NO STUDENT WILL BE ACCEPTED, UNLESS HIS/HER ALL PREVIOUS DUES HAVE BEEN PAID UP BY April 30th, 2017.