



## Application for Admission

Applying To:

Muslim Community School (Pre-K to 8<sup>th</sup>)

Alim Preparatory Academy (High School)

School Year 20\_\_\_\_ – 20\_\_\_\_

Grade Applying For: \_\_\_\_\_

### Student Information

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

Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender (M/F): \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Visa Type (if not US citizen): \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_

Have you applied for admission to MCS before? If yes, when? \_\_\_\_\_

Please list all schools that the student has attended previously, beginning with the most recent school:

<u>School</u>	<u>Address</u>	<u>Dates of Attendance</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____

List any awards of recognition that the applicant has received at school or in the community (provide documentation if available):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(please complete both sides)

If the student has any sight, hearing, or other impairments that would require special attention, please list and explain:

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If there are any activities that the student should refrain from, please explain:

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Please list any special health conditions that the school needs to be aware of:

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Does the student take any medication regularly?\_\_\_\_\_

Are there any medications that need to be administered during school hours?\_\_\_\_\_ If, yes, please list name and dosage:\_\_\_\_\_

How much time per day does the student spend watching television?\_\_\_\_\_

What are some of the typical TV shows that the student watches?\_\_\_\_\_

What types of music (if any) does the student typically listen to?\_\_\_\_\_

What are some of the books (if any) that the student has read in the last 3 months? \_\_\_\_\_

About how much time does the student spend reading each day?\_\_\_\_\_

Do both parents work?\_\_\_\_\_

Does a parent read or tells stories to the student regularly? \_\_\_\_\_ If yes, how often?\_\_\_\_\_

What is the student's typical bedtime during school days?\_\_\_\_\_

Has the student had any Islamic training before?\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does the family observe Islamic rituals?\_\_\_\_\_

If the student is a girl who has reached the age of puberty, does she observe Hijab?\_\_\_\_\_

Does the mother observe Hijab?\_\_\_\_\_

Please list any hobbies that the student enjoys:\_\_\_\_\_

Please list any behavioral issues (if any) that the student may have, either at home or in the previous school:

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(please complete both sides)

## Family Information

**Father/Legal Guardian:**

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

Address (if different from student):  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Employer Telephone: \_\_\_\_\_ Employer Fax: \_\_\_\_\_

**Mother/Legal Guardian:**

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

Address (if different from student):  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Employer Telephone: \_\_\_\_\_ Employer Fax: \_\_\_\_\_

Marital Status of Parents: \_\_\_\_\_

Please explain any custody arrangements pertaining to visiting or picking up your child (provide legal documentation if necessary): \_\_\_\_\_  
\_\_\_\_\_

(please complete both sides)

Siblings of Student:

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

**Signatures**

We hereby acknowledge that all information provided on this form is correct and true to the best of our knowledge.

Student Signature (if 9+ years old): \_\_\_\_\_

Parent/Guardian #1 Signature: \_\_\_\_\_

Parent/Guardian #2 Signature: \_\_\_\_\_

**Next Steps:**

1. Submit this application with the application fee to the school office.
2. For transfer students, request that your child's current transcripts be sent to MCS.
3. We also suggest that you provide recommendation letters from persons who have previously worked with the student.
4. A representative of MCS shall contact you to make an appointment for an interview. You may also request a tour of the school at this time. We request that both parents (if applicable) and the student be present for the interview.
5. Within 48 hours after your interview, you will be notified of the admission decision.
6. Once accepted, the student may proceed to enroll in a program of study.
7. A placement examination may be required to determine the appropriate level for the student. In such case, you will be notified of the details.

**For Office Use Only**

Received on: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Initials: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Interview scheduled on: \_\_\_\_\_

Decision: \_\_\_\_\_ Conditions: \_\_\_\_\_

(please complete both sides)