



# QUBA INSTITUTE

of Arabic & Islamic Studies

<http://qubainstitute.org/school/>

Phone: (215) 473-8589

info@qubainstitute.com

## Application Form (Quba Day School)

Enrollment Application for the 2012 to 2013 School Year

### Student Details:

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

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Month Day Year

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Home): ( \_\_\_\_\_ ) \_\_\_\_\_

Telephone (Work): ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address (REQUIRED): \_\_\_\_\_

### Emergency Contact:

In case of emergency, please contact:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship (to student): \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Other information:**

Does your child have any handicaps?  
If yes, please explain:

Yes / No

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Does your child have any illnesses or allergies:  
If yes, please explain:

Yes / No

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**Previous Education:**

Name of previous school: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last grade attended: \_\_\_\_\_

*I affirm that all of the information given by me in this registration/application form is true to the best of my knowledge. I understand that the falsification of information is perjury and may be grounds for dismissal.*

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_