



**REGISTRATION FORM
2024-2025**

Name of Student _____ Registering for Grade: _____

Date of Birth _____ Age _____ M/F _____

Previous School Attended _____
School Name School Address

Language Spoken at Home: Primary _____ Secondary _____

FAMILY INFORMATION:

Primary Guardian's Full Name: _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Email Address: _____

Address: _____

Secondary Guardian Full Name: _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Email Address: _____

Address: _____

Student's Siblings at IAH (if any):

1) _____ Grade _____ Age _____ 2) _____ Grade _____ Age _____
3) _____ Grade _____ Age _____ 4) _____ Grade _____ Age _____

Paperwork the office will request if not up-to-date or on file:

- Immunization Records
- Birth Certificate
- Social Security Card
- Transcripts
- Affidavit (for PK & KG)

PICK UP RELEASE FORM

Please list the names of all possible individuals who are permitted to pick up your child(ren) from IAH, including IAH staff that might give your child a ride home. Any changes to the pick up release must be in writing.

Important Note: Your child WILL NOT BE RELEASED to anyone not listed on this form. We reserve the right to check identification before releasing your child.

	Name (as it appears on ID)	Telephone #	Relationship to Student (s)
1			
2			
3			
4			
5			
6			

EMERGENCY CONTACTS

Emergency Contact 1: _____ Relationship: _____
(Other than parents)

Cell Phone # _____ Work # _____ Home # _____

Emergency Contact 2: _____ Relationship: _____
(Other than parents)

Cell Phone # _____ Work # _____ Home # _____

MEDICAL INFORMATION FORM

Family Physician Name _____ Phone # _____

Address _____ Hospital Preference _____

Medical Insurance Name _____ Policy # _____

Address _____ Group # _____

MEDICAL INFORMATION FORM CONTINUED

Please list below any current allergies, medical conditions and/or medications of the student(s):

Check here for none

Allergies –	Medical Conditions -
Medications* –	Special Instructions -

*IAH is not authorized to give medicine. Contact the office for more information if regular medications are required during school hours.

I hereby give permission for my child _____ to be given emergency treatment (First Aid and CPR) by a trained staff member at The Islamic Academy of Huntsville. I also give permission for my child to be transported by ambulance or staff car to an emergency center for treatment. In the event that I cannot be contacted, I further consent to medical and surgical care, treatment, and/or procedures to be performed on my child by a licensed physician or hospital if deemed immediately necessary or advised by the physician to safeguard my child's health. In case of emergency, if transportation is needed, including an ambulance, I understand that I am the responsible party for all fees related to my child's care and the incident.

Print Parent / Guardian Full Name

Signature

Date

PHOTO RELEASE

___ I do give IAH permission to use photographs or videos of my child, taken during class time, outdoor activities, P.E., field trips, and all other school functions for
(check all that apply):

___ **Internal Use:** inside the classroom, Class Dojo, in the hallways, for teacher education, and historical record

___ **External Use:** for publicity purposes via school website, in brochures, or other means of publicity. I understand that my child will not be identified by name when photos are used for publicity purposes.

___ I do not give IAH permission to use photographs or videos of my child, taken during class time, outdoor activities, P.E., field trips, and all other school functions.*

***Disclaimer:** If you choose not to allow photos of your child. Photos will be taken in ways that your child cannot be identified (i.e. their face will not be shown in any way; blurring, covered up etc) if they cannot be removed.

PTO

***Your e-mail addresses and phone numbers will be forwarded to the PTO. If there is another number or email address you would like to use please write it below:**
