Dar Un Noor Academy

info@darunnoor.org darunnoor.org

404-876-5051

Contact us



434 14th Street NW Atlanta, Georgia 30318

Revised 4.12.2022

Returning Students Admissions Requirements

- Application Form: Returning Students K-12
- Ga Form 3231 or Exemption Notarized Affidavit

Dar Un Noor Academy

volving the student.



Contact us email 2 info@darunnoor.org darunnoor.org or call 404-876-5051

APPLICATION FORM: Returning students k-12

Verify Student / Parent Informa	tion: SUBMIT THIS FORM	WITH YOUR CHILD'S CURRENT GA FORM 3231
STUDENT'S LAST NAME:	FIRST NAME:	BITRTH DATE:
MOTHER'S FULL NAME:	FATHER'S FULL NAME:	HOME PHONE:
MOTHER'S CELL PHONE:	FATHER'S CELL PHONE:	PARENT'S EMAIL ADDRESS:
HOME STREET ADDRESS:	HOME STREET ADDRESS:	MOTHER'S WORK PHONE:
HOME CITY, STATE, ZIP:	HOME CITY, STATE, ZIP:	FATHER'S WORK PHONE
Applying For Grade: PLEASE CHECK T KINDERGARTEN AND ELEMENTARY SCHOOL Kindergarten		HIGH SCHOOL 9th Grade 10th Grade 11th Grade 12th Grade
Signature: Emergency Medical Authorization	on _Health Information Upda	
Should my child suffer an injury or illness while in the care of Dar-Un-Noor and the school is unable to contact me immediately, I authorize Dar-un-Noor to secure such medical attention and care for my child as may be necessary in my absence. I agree to keep the school informed of changes in contact numbers and addresses where parents/guardians and emergency contacts can be reached. I also understand,		As parent/guardian of the applicant I attest to the best of my knowledge the information provided in this packet is true and accurate. I understand that the Admissions Committee may verify any part of the information provided in the application and I agree that all of the terms /policies outlined in the admission forms, student and parent handbooks which may be amended from time to time. X
the school agrees to keep the parents/ guardians informed of any incidents re-	3. Comments:	Signature/Date