



DAR UN NOOR SCHOOL

College Prep, Knowledge, and Morality

New Student Enrollment Application

Date of Application:

Form A

Student / Applicant Information : THE FOLLOWING FORM MUST BE COMPLETED.

STUDENT'S NAME LAST, FIRST, MIDDLE:	MOTHER'S NAME:	FATHER'S NAME:
BIRTH DATE: _____	STREET ADDRESS, CITY, STATE, ZIP:	STREET ADDRESS, CITY, STATE, ZIP:
GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
PREVIOUS SCHOOL:	MOTHER'S EMAIL ADDRESS:	FATHER'S EMAIL ADDRESS:
COUNTY OF RESIDENCE:	MOTHER'S CELL /HOME PHONE:	FATHER'S CELL/HOME PHONE
COUNTRY OF ETHNICITY:	EMPLOYER'S/PHONE: JOB TITLE:	EMPLOYER'S/PHONE JOB TITLE:

Applying For Grade: PLEASE CHECK THE BOX FOR GRADE OF SCHOOL YEAR 2026-2027

PRE-SCHOOL AND ELEMENTARY <input type="checkbox"/> PRE-K 3/4 <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st Grade <input type="checkbox"/> 2nd Grade <input type="checkbox"/> 3rd Grade <input type="checkbox"/> 4th Grade <input type="checkbox"/> 5th Grade	MIDDLE SCHOOL <input type="checkbox"/> 6th Grade <input type="checkbox"/> 7th Grade <input type="checkbox"/> 8th Grade	HIGH SCHOOL <input type="checkbox"/> 9th Grade <input type="checkbox"/> 10th Grade <input type="checkbox"/> 11th Grade <input type="checkbox"/> 12th Grade
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GENERAL PARENTAL INFORMATION :

BIRTH PARENTS LIFE STATUS BIRTH FATHER <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED BIRTH MOTHER <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED	BIRTH PARENTS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPERATED <input type="checkbox"/> WIDOWED	STUDENT LIVES WITH: <input type="checkbox"/> ONLY BIRTH FATHER <input type="checkbox"/> ONLY BIRTH MOTHER <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> GUARDIAN(S)	Pre K-12 Photo Permission Statement  Does Dar-Un-Noor have permission to photograph and/or video your child on school grounds, at events, field trips , competi-tions, activities, and ceremonies? The photographs/videos may be used in, but not limited to, digital/print publications. <input type="checkbox"/> YES —My child may be photographed and/or videotaped <input type="checkbox"/> NO —My child may not be photographed and/or videotaped.
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Parent Acknowledgement of student's Probation Period

It is the policy of Dar Un Noor Academy and Atlanta Science Academy to accept any student whose previous records indicate average or above academic performance and Islamic behavior, and whose parents can honor the tuition agreement arranged by the administrator and agree to abide by the school's regulations. Due to these limited restrictions on admissions, **new/transfer students are conditionally accepted for one month probation period.** During this probation period the student's Islamic behavior/academic performance at Dar Un Noor will be closely monitored. If at the end of one month the student does not perform up to Dar Un Noor Academy's standards as outlined in the *Parent/Student Regulations Handbook*, **the parent will be asked to withdraw the student and the student will no longer be accepted at the school. I, the parent of the above named child understand and agree to the above terms of my child's probation period.**

Parent signature

Date



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Physical Examination

FORM B

CHILD'S NAME		AGE:	Georgia Immunization Form 3231 & Ga 3300 <input type="checkbox"/>
Primary Source of Healthcare			
Physician or Clinic Name _____			
Address _____			
Phone Number () _____		Fax Number () _____	
Health Information			
Behavioral or Medical Conditions		Behavioral or Medical Conditions (i.e. ADHD, diabetes, asthma, drug or food allergies)	
<input type="checkbox"/> The Student/Applicant has no known behavioral disorder, medical condition, health concern, pre-existing illness or allergy. If there are no known behavioral or medical conditions, please check the box above and write the word 'NONE' in the next block		<input type="checkbox"/> The Student/Applicant has the following known behavioral disorder, medical condition, health concern, pre-existing illness or allergy. The known conditions are listed in the next block ...	
Prescribed Rx / Medications and Dosages		Prescribed Rx / Medications and Dosages (i.e. insulin, bronchial inhalers)	
<input type="checkbox"/> The Student/Applicant is not presently taking any prescribed medication(s) for long-term continuous use. If there are no prescriptions or medications, please check the box and write the word 'NONE' in the next block ...		<input type="checkbox"/> The Student/ Applicant is currently taking medication(s) prescribed for long-term continuous use. The medications and dosages are listed in the next block ...	
Physician Signature			
I have verified with the parents/guardians that the above medical information is correct and to the best of my knowledge, the patient/student is physically capable of participating in intramural and interscholastic athletics if he/she so desires.			
X _____		_____	
<i>Physician Signature</i>		<i>Date</i>	
Emergency Medical Authorization			
Should my child suffer an injury or illness while in the care of Dar-Un-Noor Academy / Atlanta Science Academy 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 the case of an emergency or my absence. I agree to keep the school informed of changes in telephone numbers and addresses where parents/guardians and emergency contacts can be reached. I also understand, the school agrees to keep the parents/guardians informed of any incidents requiring professional medical attention involving the student.			
X _____		_____	
<i>Parent/Legal Guardian Signature</i>		<i>Date</i>	



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FORM C

Student / Applicant Information

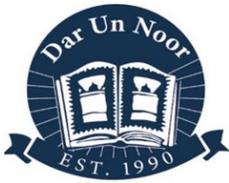
EMERGENCY CONTACTS : PLEASE LIST AT LEAST 2 PERSONS TO BE CONTACTED WHEN PARENTS CANNOT BE REACHED.

PARENTS MAY NOT BE LISTED IN THIS SECTION.

1. EMERGENCY CONTACT	2. EMERGENCY CONTACT
FULL NAME	FULL NAME
HOME PHONE	HOME PHONE
CELL PHONE	CELL PHONE
WORK PHONE	WORK PHONE
RELATIONSHIP TO STUDENT/APPLICANT	RELATIONSHIP TO STUDENT/APPLICANT

AUTHORIZED RELEASE PERSONS: PLEASE LIST PERSONS WHO HAVE PERMISSION TO PICK-UP OR DROP-OFF YOUR CHILD
IF NONE, PLEASE WRITE THE WORD "NONE."

1. AUTHORIZED RELEASE PERSON : RELATIONSHIP TO STUDENT	2. AUTHORIZED RELEASE PERSON: RELATIONSHIP TO STUDENT
FULL NAME	FULL NAME
STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
HOME/CELL PHONE	HOME/CELL PHONE
WORK PHONE	WORK PHONE



Transfer Student Transcript Request Form

FORM D

Authorization for Release of educational/behavior Records: Please complete the form below

Student's Last Name	First Name	Middle Name
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Last School _____ Last Grade _____

Dar Un Noor Academy reserve the right to request that transcripts be mailed or faxed directly to our school. In accordance with federal regulations regarding the privacy rights of parents and students under the Family and Educational and Privacy Act of 1974, the undersigned hereby consents to the release to Dar Un Noor Academy all educational records about the above named individual who is applying to Dar Un Noor Academy, including: disciplinary, teacher recommendations, birth certificate, social security card, physicals, immunization records, and any other information as may be requested.

X _____
Parent/ Guardian Signature *Date*

APPLICATION REVIEW , SIGNATURE & DATE

As parent/guardian of the applicant I attest the applicant desires to be a student at Dar-Un-Noor and 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 to all of the payment terms/school policies outlined in the admissions forms, student and parent handbooks which may be amended from time to time.

X _____
Parent/Legal Guardian Signature *Date*



Pre-Kindergarten Application

FORM G

Pre-Kindergarten Applicant Information

This form must be completed for all Pre-Kindergarten applicants.

1. I understand that Dar-Un-Noor Academy agrees to provide daycare for _____
Pre-K Child's Name

on the following days of the week and I have listed the hours of attendance below each day of the week (check all that apply):

Days of the Week Monday Tuesday Wednesday Thursday Friday

My Child will attend Dar-un-Noor during the following school hours _____ a.m. to _____ p.m.

My child will bring the following meals each day

Morning Snack Lunch Afternoon Snack

- Before any medication is dispensed to my child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.
- My child will not be allowed to enter or leave Dar-Un-Noor without being escorted by the parent, person authorized by parent, or facility personnel.
- Acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status and immunization records, etc.
- Dar-Un-Noor agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.
- Dar-Un-Noor agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from Dar-un-Noor, and water-related activities occurring in water that is more than two (2) feet deep.
- I agree to abide by the policies and procedures of Dar-Un-Noor Academy.

X _____

Parent/Legal Guardian Signature

Date

GENERAL RELEASE

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Pre-K providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Pre-K providers or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities.

SIGNATURE (Parent/Guardian): _____

DATE: _____

PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early Care and Learning (DECAL) and certain agencies or entities contracted by the Pre-K provider or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities, to record the participation and appearance of my child,

_____, by photograph and/or videotape in connection with daily Pre-K

activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's web site.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Pre-K provider, DECAL, and other entities contracted by the Pre-K provider or DECAL, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

PRE-K PROVIDER NAME/ADDRESS: _____

SIGNATURE (Parent/Guardian): _____

DATE: _____