



# 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

<b>PRE-SCHOOL AND ELEMENTARY</b> <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	<b>MIDDLE SCHOOL</b> <input type="checkbox"/> 6th Grade <input type="checkbox"/> 7th Grade <input type="checkbox"/> 8th Grade	<b>HIGH SCHOOL</b> <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 :

<b>BIRTH PARENTS LIFE STATUS</b>  <b>BIRTH FATHER</b> <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED  <b>BIRTH MOTHER</b> <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED	<b>BIRTH PARENTS</b> <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPERATED <input type="checkbox"/> WIDOWED	<b>STUDENT LIVES WITH:</b> <input type="checkbox"/> ONLY BIRTH FATHER <input type="checkbox"/> ONLY BIRTH MOTHER <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> GUARDIAN(S)	<b>Pre K-12 Photo Permission Statement</b>  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

<b>CHILD'S NAME</b>		<b>AGE:</b>	<b>Georgia Immunization Form 3231 &amp; Ga 3300</b> <input type="checkbox"/>
<b>Primary Source of Healthcare</b>			
Physician or Clinic Name _____			
Address _____			
Phone Number ( ) _____		Fax Number ( ) _____	
<b>Health Information</b>			
<b>Behavioral or Medical Conditions</b>		<b>Behavioral or Medical Conditions</b>	
<input type="checkbox"/> The Student/Applicant <b>has no</b> 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		(i.e. ADHD, diabetes, asthma, drug or food allergies)  <input type="checkbox"/> The Student/Applicant <b>has</b> the following known behavioral disorder, medical condition, health concern, pre-existing illness or allergy. The known conditions are listed in the next block ...	
<b>Prescribed Rx / Medications and Dosages</b>		<b>Prescribed Rx / Medications and Dosages</b>	
<input type="checkbox"/> The Student/Applicant <b>is not</b> 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 ...		(i.e. insulin, bronchial inhalers)  <input type="checkbox"/> The Student/ Applicant <b>is</b> currently taking medication(s) prescribed for long-term continuous use. The medications and dosages are listed in the next block ...	
<b>Physician Signature</b>			
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>	
<b>Emergency Medical Authorization</b>			
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>	



## New Student Enrollment Application

**FORM C**

### Student / Applicant Information

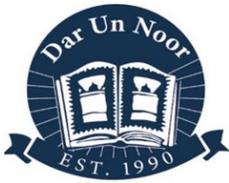
**EMERGENCY CONTACTS** : PLEASE LIST AT LEAST 2 PERSONS TO BE CONTACTED WHEN PARENTS CANNOT BE REACHED.

**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*