



APPLICATION FORM: Returning Students K-12

Verify Student / Parent Information : SUBMIT THIS FORM WITH YOUR CHILD'S up to date [GA FORM 3231](#)

| | | |
|------------------------|------------------------|-------------------------|
| STUDENT'S LAST NAME: | FIRST NAME: | BIRTH 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 THE BOX THAT APPLIES FOR THE SCHOOL TERM 2026-2027

KINDERGARTEN AND ELEMENTARY SCHOOL

Kindergarten 3rd grade
 1st Grade 4th Grade
 2nd Grade 5th Grade

MIDDLE SCHOOL

6th Grade
 7th Grade
 8th Grade

HIGH SCHOOL

9th Grade
 10th Grade
 11th Grade
 12th Grade

Signature: Emergency Medical Authorization _Health Information Update Agreements

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, the school agrees to keep the parents/guardians informed of any incidents requiring professional medical attention involving my child.

Behavior conditions/
allergies medicines

1. _____

2. _____

Prescribed Rx Dosages

1. _____

2. _____

Comments:

As parent/guardian of the applicant I attest to the best of my knowledge the information provided herein is true and accurate. I understand that the Admissions Committee may verify any part of the information provided and I agree to all of the terms /policies outlined in the admissions forms, student and parent handbooks which may be amended from time to time.

X _____

Signature/Date