

Dar Un Noor School

434 14th Street, NW Atlanta, Ga 30318



Contact us

info@darunnoor.org

darunnoor.org

404-876-5051

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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

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 3rd grade |
| <input type="checkbox"/> 1st Grade | <input type="checkbox"/> 4th Grade |
| <input type="checkbox"/> 2nd 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 |

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