

Daarul Uloom Islamic School

4125 W Charter Oak Road, Peoria, IL 61615

Phone: (309) 691-9089

Email: du@dupeoria.org



2011-12 REGISTRATION FORM

Student Last Name		First Name		Middle Name	Birth Date	
Home Street Address			Apt #	City	State	Zip Code
Home Phone (including area code)		Cell Phone		Work Phone		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Is a language other than English the primary language used in your home? Yes <input type="checkbox"/> No <input type="checkbox"/>			Is English your child's first language? Yes <input type="checkbox"/> No <input type="checkbox"/>	
MEDICAL AND HEALTH INFORMATION				PREVIOUS SCHOOL		
Physician, Clinic or Health Care Provider			Phone		Name of School	
Insurance Provider		Hospital Name		Street Address		
Any hospitalization during the past 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>				City/State/Zip		
Any medication that is long term continuous use? Yes <input type="checkbox"/> No <input type="checkbox"/>				Phone Number		
Any chronic medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/>				Grade level last attended <input type="text"/>		Date of last attendance <input type="text"/>
Any Allergies? Yes <input type="checkbox"/> No <input type="checkbox"/>				Was student suspended or expelled from this school? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Comments: _____ _____ _____				Has student been suspended or expelled from any school? Yes <input type="checkbox"/> No <input type="checkbox"/>		

<i>For Administration Use Only</i>	
Enrollment Date	Dis-Enrollment Date
Complete Registration Checklist	
<input type="checkbox"/> Auto-Withdrawal Form	<input type="checkbox"/> Textbook Fees
<input type="checkbox"/> Registration Fee	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Lunch Fees	<input type="checkbox"/> Immunization Record
<input type="checkbox"/> DU Handbook Consent Form	<input type="checkbox"/> Physical/Dental/Eye Exam

<i>For Finance Office Use Only</i>	
Type: <input type="checkbox"/> 1 st sibling <input type="checkbox"/> 2 nd sibling <input type="checkbox"/> 3 rd sibling <input type="checkbox"/> Other	
Total Fees Amount	Remarks

EMERGENCY CONTACT INFORMATION	
Last Name	
First Name	
Relationship To Student	
Home Phone	
Work Phone	Cell Phone

INFORMATION FOR FATHER/GUARDIAN	
Relationship To Student	Employer
Last Name of Parent/Guardian	Work Phone Extension
First Name of Parent/Guardian	Home Phone
Address	Cell Phone
	Email Address

EMERGENCY CONTACT INFORMATION	
Last Name	
First Name	
Relationship To Student	
Home Phone	
Work Phone	Cell Phone

INFORMATION FOR MOTHER/GUARDIAN	
Relationship To Student	Employer
Last Name of Parent/Guardian	Work Phone Extension
First Name of Parent/Guardian	Home Phone
Address	Cell Phone
	Email Address

PICK UP FROM SCHOOL
Persons authorized to pick up my child:
Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

SIBLING INFORMATION			
Name	Birth Date	DU Student?	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

PHOTOGRAPHY
I authorize the school staff to photograph my child or video tape my child for use in presentations, promotions and educational activities without compensation.
_____ Signature

Registrants for Pre-K1 **MUST** be 3 years old and completely potty trained
 Registrants for Pre-K2 **MUST** be 4 years old by **September 1st**
 Registrants for Kindergarten **MUST** be 5 years by **September 1st**
 Registrants for 1st Grade **MUST** be 6 years by **September 1st**

❖ I authorize the request of this student's records from the previous school, if applicable.
❖ I authorize DU to take whatever steps needed to protect the health of the student in case of an emergency requiring immediate medical attention, and the parent or legal guardian cannot be contacted.
❖ I certify that all of the information I have provided on both pages of this form is true and accurate. I understand that falsification of any information or submission of misleading information will be cause for revoking the student's school assignment. It is my responsibility to keep DU informed of any changes, that failure to provide supporting documentation may delay the processing of this application, and that my child may be excluded from school if immunizations are not current.
❖ I authorize my child to receive a developmental screening if DU staff deems it necessary. I also authorize my locality's screening agency to release a complete copy of the screening report to Daarul Uloom.
_____ Print Name
_____ Date
_____ Signature of Parent/Guardian