



An-Noor Institute

www.annoorusa.org | (718) 593-9938

Application for Admission to An-Noor Institute

Please check one: Full-time Hifz, After-School, Weekend-School, Summer School, Summer Hifz

1. Students Name: _____
First Name Middle Name Last Name

2. Students Name: _____
First Name Middle Name Last Name

Date of Birth: _____ Place of Birth: _____ Grade # _____

Father's Name: _____ Place of Birth: _____

Mother's Name: _____ Place of Birth: _____

Language Spoken at Home / Parent's primary language: _____

Home Address: _____ Apartment # _____

City: _____ State: _____ Zip Code: _____

Home Tel: (____) ____ - ____ Cell: (____) ____ - ____ Email: _____

Child's Previous School (Name): _____

Address: _____ Phone: (____) ____ - ____

Emergency Contact (Name): _____

Student may be released to the following individual(s): _____

Student may **NOT** be released to the following individual(s): _____

Does your child have any of the following?
Asthma: _____ Heart Disease: _____ Epilepsy: _____ Allergy: _____ other: _____

Mental or Physical Handicap? _____ If Yes specify: _____

Does your child have any sight, hearing or impairment that would require attention?

Are there any activities that your child should refrain from?

Signature of Principal

Signature of Parent/Guardian

Date