

# **AL-ILM EDUCATIONAL INSTITUTE**

13305 Imperial Highway Whittier, CA 90605 Tel: (562) 273-0062 www.al-ilmei.org

## Student Application

*Please print clearly.*

Current Grade: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  Male  Female

Program of Entry:  Full-Time  After-School  Hifth  `Ālim/`Ālimah  Summer

Has the student previously applied for admission to Al-ilm Educational Institute?  Yes  No

Student's Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Medical Insurance Policy No. \_\_\_\_\_

Physician's Contact: Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Languages (Other than English): \_\_\_\_\_

Current School: \_\_\_\_\_

Previous School/s: \_\_\_\_\_

<i>Father's Information:</i>	<i>Mother's Information:</i>	<i>Emergency Contact:</i>
_____ <small>First Name</small>	_____ <small>First Name</small>	_____ <small>First Name</small>
_____ <small>Last Name</small>	_____ <small>Last Name</small>	_____ <small>Last Name</small>
_____ <small>Street Address (if different from student)</small>	_____ <small>Street Address (if different from student)</small>	_____ <small>Street Address</small>
_____ <small>City State ZIP</small>	_____ <small>City State ZIP</small>	_____ <small>City State ZIP</small>
_____ <small>Home Phone</small>	_____ <small>Home Phone</small>	_____ <small>Home Phone</small>
_____ <small>Cell Phone</small>	_____ <small>Cell Phone</small>	_____ <small>Cell Phone</small>
_____ <small>Email</small>	_____ <small>Email</small>	_____ <small>Email</small>
_____ <small>Occupation</small>	_____ <small>Occupation</small>	_____ <small>Relation to Student</small>
_____ <small>Place of Employment</small>	_____ <small>Place of Employment</small>	
_____ <small>Work Phone</small>	_____ <small>Work Phone</small>	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Parent/Guardian*