

AL-NOOR SCHOOL

675 4TH AVE. BROOKLYN, NY 11232

PHONE: (718) 768-7181 FAX: (718) 768-7088

Waiting List Application School Year 2016-2017

Today's Date: _____

APPLYING GRADE: _____

Student's Full Name: _____

(First)

(Middle)

(Last)

Address: _____

House Number

Street

Apt. No.

City

State

Zip

Home Phone Number: _____

Date of Birth: ____/____/____

Gender: Male Female

Place of Birth: _____ Date entered US: ____/____/____

Father: _____ Mother: _____

Father's Cell: _____ Mother's Cell: _____

Emergency Phone: _____ Work Number: _____

Email (if any): _____

Last School Attended: _____ Phone #: _____

Does your child have siblings in Al-Noor School? YES NO

If yes, please provide name(s) & grade(s): _____

FOR OFFICIAL USE ONLY

Math Score: _____%

English Score: _____%

Admitted: Y or N

Admission Date: _____

Signature of General Director: _____

____ Birth Certificate

____ Immunization

____ Physical

____ Last Report card

____ Attendance Record