

AL-NOOR SCHOOL
675 4TH AVE. BROOKLYN, NY 11232
PHONE: (718) 768-7181 FAX: (718) 768-7088

Waiting List Application School Year 2019-2020

Today's Date: _____ **APPLYING GRADE:** _____

Student's Full Name:		
(First)	(Middle)	(Last)
Address: _____		
House Number	Street	Apt. No.

City	State	Zip

Date of Birth: ____/____/____	Gender: Male Female
Place of Birth: _____	Date entered US: ____/____/____
Father: _____	Mother: _____
Dad Cell: _____	Mom Cell: _____
Emergency Phone: _____	Home Phone: _____
Email (if any): _____	
Last School Attended: _____	Phone #: _____
Mid/HS applied for: _____	Phone #: _____
Does your child have siblings in Al-Noor School? YES NO	
If yes, please provide name(s) & grade(s): _____	

Has your child ever attended Al-Noor School? YES NO	

FOR OFFICIAL USE ONLY

Math Score: _____%	____ Birth Certificate
English Score: _____%	____ Immunization
Admitted: Y or N	____ Physical
Admission Date: _____	____ Last Report card
Signature of Principal: _____	____ Attendance Record