



Application for Admission

Our Mission:

"Islamic Academy of Riverside is committed to providing students with Sustainable Quality academic education based on high moral values in a safe and nurturing Islamic environment that fosters lifelong learning."

Address: 1038 W Linden St.
Riverside, CA. 92507
Phone: 951-682-1202
Fax: 951-226-3358
Email: admin@islamicacademyofriverside.org

www.islamicacademyofriverside.org

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Application for Admission

To be completed by parent/guardian of candidate

Office Use	
Application Fee Paid	<input type="checkbox"/>
Visa	<input type="checkbox"/>
MC	<input type="checkbox"/>
AmEx	<input type="checkbox"/>
Expiration Date	_____ # _____

Applicant Information			
Full Legal Name	Last	First	Middle

Address	City	State	Zip

Mobile Phone	Home Phone	Birth Date	Age

Recent Photo
(Optional)

Current/Previous Schools of Attendance				

<input type="checkbox"/> Independent <input type="checkbox"/> Public				
Current Schools Name				

Address	City	State	Zip	Phone

Principle/Headmaster's Name				

<input type="checkbox"/> Independent <input type="checkbox"/> Public				
Previous School Name				

Address	City	State	Zip	Phone

General Admission Information		

<input type="checkbox"/> Female <input type="checkbox"/> Male		
Date Application Completed	Candidate for Grade	School Year

United States Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

A Non-Refundable Application and Testing Fee of \$100 Must Accompany This Application

Parent/Guardian Information

Father/Male Guardian		
Last Name		First Name
Address		
City	State	Zip
Home Phone		Email
Occupation		
Employer		
Business Address		
City	State	Zip
Business Phone		Email

Mother/Female Guardian		
Last Name		First Name
Address		
City	State	Zip
Home Phone		Email
Occupation		
Employer		
Business Address		
City	State	Zip
Business Phone		Email

Student Living Arrangements	
Check all that apply: Applicant...	
<input type="checkbox"/> Lives with Both Parents	<input type="checkbox"/> Lives with Guardians
<input type="checkbox"/> Lives with Father	<input type="checkbox"/> Lives with Mother
<input type="checkbox"/> Lives with Other (specify) _____	

Additional Information	
Please share how you heard about Islamic Academy of Riverside.	
Print Media:	<input type="checkbox"/> Radio
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Television
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Website
<input type="checkbox"/> Magazine	<input type="checkbox"/> Word of Mouth (who?) _____

All information gathered confidentially with reference to your child's application will be used solely by the Headmaster and/or his designee in the admissions process. By signing this application, you are authorizing your child's school(s) to release his/her academic records and test scores to Valley Islamica Academy of Riverside for the purpose of evaluating his/her application for admission. Furthermore, you are waiving any right(s) you may otherwise have with regard to this information. Only one signature is necessary.

Father/Male Guardian Date

Mother/Female Guardian Date

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Parent/Guardian Statement

To be completed by the applicant's parents/guardians

Please print clearly:

1. Why have you chosen Islamic Academy of Riverside for your child's education?

2. List three adjectives that best describe your child's strongest attributes:

3. What are your child's hobbies or interests? How do they use their free time?

4. Please describe your vision of the ideal educational experience for your child:

Thank You



Application Submission Process

1. You can Fill up The Admission Form, Save as PDF File.
2. You can send the PDF application form via email at admin@islamicacademyofriverside.org
3. You can Print out the Form, Fax it over to us at.
951-226-3358
4. You can drop of the application at our Riveside Office at
1038 W Linden St. Riverside, CA. 92507
Phone: 951-682-1202
5. Non Refundable \$100 Application fee must be accompanied with this

Form of Payment

- A. CASHIER CHECK B. MONEY ORDER C. DEBIT/CREDIT