

# THE ISLAMIC ACADEMY OF RIVERSIDE

1038 West Linden Street, Bldg. B, Riverside, CA-92507

Ph: (951) 682-1202

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## ENROLLMENT FORM: SCHOOL YEAR 2014-2015

① **STUDENT'S FULL NAME:**

Last (Family)										First										Middle									
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② **GRADE:** \_\_\_\_\_ **SEX:**  Male \_\_\_\_\_  Female \_\_\_\_\_

③ **DATE OF BIRTH:**

Month	Day	Year
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**BIRTH PLACE:** \_\_\_\_\_

④ **HOME ADDRESS:**

Number & Street																			
APT #					City														
State			Zip Code																

⑤ **HOME TELEPHONE NUMBER:**

Area Code									
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**Fax / Pager / E-mail:** \_\_\_\_\_  
**Father Cellular Phone:** \_\_\_\_\_  
**Mothers Cellular Phone:** \_\_\_\_\_

⑥ **FATHER'S NAME:**

Last (Family)										First										Middle									
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Employer: \_\_\_\_\_ Work Ph. #: \_\_\_\_\_

⑦ **MOTHER'S NAME:**

Last (Family)										First										Middle									
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Employer: \_\_\_\_\_ Work Ph. #: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Previous School attended (to send for records): \_\_\_\_\_ Ph #: \_\_\_\_\_  
Name of the School

Number & Street City State Zip Code

**FOR OFFICE USE ONLY:** A non-refundable registration fee of \$100.00 is due on receipt of this form.

Paid by Cash: \_\_\_\_\_ Paid by Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_