



# Al-Hadi School of Accelerative Learning

2313 S. Voss Road • Houston, Texas 77057 • Phone: 713.787.5000 ext. 2500 • Fax: 713-513-5315  
 website: [www.alhadi.com](http://www.alhadi.com) • email: [alhadi@alhadi.com](mailto:alhadi@alhadi.com)

## Application for Admission

To process your application, we require the completed form.  
 Include a non-refundable fee of \$100.

Date of this application (mm/dd/yy)	Applying for school year	Grade level
-------------------------------------	--------------------------	-------------

<b>APPLICANT</b>	Full Name (first, middle, last, preferred name)		Age on September 1 <sup>st</sup> 2017
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: 1. Asian/Pacific Islander 2. Native American 3. African American 4. White/Caucasian 5. Hispanic/Latino 6. Other _____	
	Date of Birth (mm/dd/yy)	Primary telephone (Home, Cell, Work)	Social Security Number ____ - ____ - _____
	Address _____ (Street) (City) (State) (Zip)		

<b>FATHER</b>	Full Name (first/middle/last)		Social Security Number ____ - ____ - _____
	Home Address _____ (Street) (City) (State) (Zip)		
	Place of Employment	Profession	E-mail Address
	Highest Level of Education	Name of University/School	
	Primary telephone (Home, Cell)	Work Phone	Driver License number/ State ID

<b>MOTHER</b>	Full Name (first/middle/last)		Social Security Number ____ - ____ - _____
	Home Address _____ (Street) (City) (State) (Zip)		
	Place of Employment	Profession	E-mail Address
	Highest Level of Education	Name of University/School	
	Primary telephone (Home, Cell)	Work Phone	Driver License number/ State ID

<b>STEP-PARENT/ GUARDIAN</b>	Please check one: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Full Name (first/middle/last)
	Home Address _____ (Street) (City) (State) (Zip)		
	Place of Employment	Profession	E-mail Address
	Relationship to student:		
	Primary telephone (Home, Cell)	Work Phone	Driver License number/ State ID

**HOME LIFE**

**Are both parents living?**

(check all that apply)

- Yes   
 No   
 Married   
 Separated   
 Divorced  
 Father Remarried   
 Mother Remarried

**Student is living with:**

- Both Parents   
 Father   
 Mother  
 Other (please specify): \_\_\_\_\_

*If students parents are divorced, which parent has legal responsibility for each listed below: (please provide court documents)*

- School related decisions:*     Father     Mother  
*School bills:*     Father     Mother  
*Custody of the student:*     Father     Mother  
*Receiving school communications:*     Father     Mother

**Who other than parents is responsible for applicant?**

- Nanny   
 Babysitter   
 Relative \_\_\_\_\_

**What language other than English is spoken at home?** \_\_\_\_\_ To what extent?

**When applicant does not meet standard of behavior established in the home, what procedures are followed?**

\_\_\_\_\_

**SIBLINGS**

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SCHOLASTIC INFORMATION**

**Applicant's Current School**

Name of School: \_\_\_\_\_ Grades Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Registrar: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby authorize the Al-Hadi School to obtain records for my child: \_\_\_\_\_

**Other Schools Attended**

Name of School \_\_\_\_\_ City \_\_\_\_\_ Grades \_\_\_\_\_ Dates \_\_\_\_\_

Name of School \_\_\_\_\_ City \_\_\_\_\_ Grades \_\_\_\_\_ Dates \_\_\_\_\_

Has your child been suspended from or asked to leave any school?     Yes     No

If yes, please explain: \_\_\_\_\_

Has your child had academic difficulty?     Yes     No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

How did you hear about Al-Hadi School? \_\_\_\_\_

<b>AUTHORIZATION FOR MEDICAL ATTENTION</b>	Name of Licensed Physician	Address	Telephone No.
	Name of Clinic or Hospital	Address	Telephone No.
	<b>In the event my child has a temperature, and I cannot be reached, I authorize the supervising staff to administer Tylenol to my child.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>In the event my child needs emergency medical treatment, and I cannot be reached, I authorize the supervising staff to take my child to the nearest hospital.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>ABOUT THE STUDENT</b>	List any allergies or allergic reactions your child may have.
	Is your child currently on any medication prescribed for long-term continuous use or short-term use?
	Please list below any chronic illnesses, physical disabilities or psychological conditions for which the applicant has been treated or has received medication or which would affect full participation in the scholastic and /or athletic programs of Al-Hadi School.
	Name and address of doctor treating above condition.

<b>AUTHORIZATION FOR STUDENT PICKUP</b>	I authorize the school staff to allow my child to leave the school premises <b>ONLY</b> with the following persons (including parents' names if applicable):	
	1. Name: _____	Phone No: _____
	2. Name: _____	Phone No: _____
	3. Name: _____	Phone No: _____
	4. Name: _____	Phone No: _____

\* Any new authorized person for student pickup will be verified by a school administrator

<b>HOUSEHOLD INFORMATION</b>	Household size: 2 3 4 5 6 7 8 9 10 more _____
	<p>Household Income Range:</p> <input type="checkbox"/> Less than \$20,000 <input type="checkbox"/> \$20,000 to \$34,999 <input type="checkbox"/> \$35,000 to \$49,999 <input type="checkbox"/> \$50,000 to \$74,999 <input type="checkbox"/> \$75,000 to \$99,999 <input type="checkbox"/> \$100,000 to \$149,999 <input type="checkbox"/> \$150,000 to \$199,999 <input type="checkbox"/> \$200,000 or more
	How many miles away do you live from Al-Hadi School? _____ miles.

<b>SIGNATURE (S)</b>	I certify that all information contained in this application is complete and correct. I give Al-Hadi School permission to contact the schools my child has previously attended. I also confirm that I have legal custody of the child who is applying to attend Al-Hadi School or that I have the legal custodian's consent. I/We understand that this information is confidential and will only be shared with the professionals involved in the admissions procedure.	
	_____	_____
	Signature of Parent/Guardian	Date
	_____	_____
	Signature of Parent/Guardian	Date

**DO NOT WRITE IN THIS PORTION**

<b>FOR OFFICE USE ONLY</b>	Date application received: _____	Initials: _____
	Placement test administered: <input type="checkbox"/> Yes <input type="checkbox"/> No, reason: _____	
	Student placed in grade: _____	
	Payment Method for Aug 2017 – May 2018: _____	