





<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: _____
	Relationship to student: _____	
	2. Name: _____	Phone No: _____
Relationship to student: _____		
3. Name: _____	Phone No: _____	
Relationship to student: _____		

\* Any new authorized person for student pickup will be verified by a school administrator & must bring a state ID.

<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

<b>FOR OFFICE USE ONLY</b>	Received on: _____ By: _____
	Payment Method for academic year:
	<input type="checkbox"/> ACH (auto-deduction from bank/credit card) <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> PayPal/ CC (3% fee)
	<b>Registrar:</b>
	Placement test administered: <input type="checkbox"/> Yes <input type="checkbox"/> No, reason: _____
	Student placed in grade: _____
	Comments:
	_____
	_____
	_____