

Family Information

Father or Legal Guardian _____ Phone (_____) _____

Address _____

Occupation _____ City _____ state _____ zip _____
Employer _____

Address _____ Phone () _____

Mother _____ Phone () _____

Address _____

Occupation _____ City _____ state _____ zip _____
Employer _____

Address _____ Phone (_____) _____

Relationship of Parents: Married / Divorced

Brothers and Sisters

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Development Information:

Do any of the following factors apply to your child?

Absent father / mother _____ Adoption _____ Grandparents in the home _____

Does your child have any limitations which would hinder him/her from normal progress in a regular classroom situation?

If so, explain:

Has your child ever been held back a grade or needed special education?

If so, explain:

Has your child ever been promoted to a higher grade?

If so, explain:

In the Name of Allah, Most Gracious, Most Merciful
Me'raj Academy
Pre-School – Kindergarten – Elementary

Emergency Information and Release Form

Family Information

Child's Name _____ Date of Birth _____ Grade _____
Address _____ Phone _____
Mother's Name _____ Home Phone _____
Address _____ Work Phone _____
Person responsible for child _____

Additional persons who may be called in an emergency:

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Medical Information

Authorized Doctor _____ Phone _____
Authorized Dentist _____ Phone _____
Authorized Hospital _____ Phone _____
Insurance Carrier _____ Policy # _____
Allergies _____
Special medications needed by the child _____

In the event of illness or accident of my child, any member of Meraj staff, in whose care my child has been entrusted, is authorized to administer basic first aid for relief. If further care is needed, and the parent is unable to be reached, consent is given to the staff to have my child transported to any hospital. I agree that any emergency treatment may be administered under the supervision of a licensed physician. I further agree to relieve Meraj Academy and any staff member of any liability because of the exercise of this consent.

Parent's Signature _____ **Date** _____

Parent's Signature _____ **Date** _____