**Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registration Form**

**2017 – 2018 School Year**

**City of Knowledge Islamic School**

4255 Lawrenceville Hwy.

Lilburn, Ga. 30047

770-638-1899

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| --- |
| **CHILD** |
| LAST NAME: | FIRST; | MIDDLE INITIAL: |
| SOCIAL SECURITY #: | D.O.B.(MM/DD/BY): | SEX: [ ] M [ ] F |
| HOME ADDRESS: |   |   |
| CITY: | STATE: GA. ZIP: | HOME PHONE: |
|  |  |  |
| **PARENT/GUARDIAN** |
| MOTHER'S LAST NAME: | FIRST; | MIDDLE INITIAL: |
| HOME ADDRESS: |   | HOME PHONE: |
| CITY: | STATE: GA. ZIP: | CELL PHONE: |
| Place of Employment: |   | Work Phone: |
| Address: |   |   |
| CITY: | STATE: GA. ZIP: |   |
| E-MAIL ADDRESS:  |   |   |
| FATHER'S LAST NAME: | FIRST: | MIDDLE INITIAL: |
| HOME ADDRESS: |   | HOME PHONE: |
| CITY: | STATE: GA. ZIP: | CELL PHONE: |
| Place of Employment: |   | Work Phone: |
| Address: |   |   |
| CITY: | STATE: GA. ZIP: |   |
| E-MAIL ADDRESS:  |   |   |
|  |  |  |
| **EMERGENCY CONTACT:** |
| LAST NAME: | FIRST; | MIDDLE INITIAL: |
| DAYTIME ADDRESS: |   |   |
| CITY: | STATE: GA. ZIP: | DAYTIME PHONE: |
|   |   | CELL PHONE: |

|  |
| --- |
| I verify the above information to be correct. |
| I understand that I cannot register my child without appropriate age documentation. |
|  |  |  |
| SIGNATURE *(Parent/Guardian):* |  | DATE: |

|  |
| --- |
| **CHILD'S MAINTENANCE** |
| CHILD'S LIVING ARRANGEMENTS: [ ] BOTH PARENTS [ ] MOTHER [ ]FATHER [ ] OTHER |
| CHILD'S LEGAL GUARDIAN: [ ] BOTH PARENTS [ ] MOTHER [ ]FATHER [ ] OTHER |
|  |  |  |
| **THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:** |
| NAME: | ADDRESS: |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|  |  |  |
| **CHILD'S PHYSICIAN OR CLINICS' NAME (CHILD'S PRIMARY HEALTH SOURCE:** |
|   |   |   |
| PHONE NUMBER: |   |   |
|  |  |  |
| **MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):** |
|   |   |   |
|   |   |   |
|   |   |   |
|  |  |  |
| **THE FOLLOWING SPECIAL ACCOMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT SCHOOL:** |
|
|   |   |   |
|   |   |   |
|   |   |   |
|  |  |  |
| **MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:** |
|
|   |   |   |
|   |   |   |
|   |   |   |

**GENERAL RELEASE**

I verify the above information to be correct and true.

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent/Guardian Date*