

**DARUL ARQAM**  
**SOUTHEAST ZONE SCHOOL**  
 Registration 2010 - 2011

**REGISTRATION DATE:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

<b>STUDENT INFORMATION:</b>		MALE <input type="checkbox"/>	<input type="checkbox"/> FEMALE
First Name	Middle Name	Last Name	Date of Birth
Address		City	State Zip

<b>FATHER/PRIMARY GUARDIAN:</b>			
First Name	Middle Name	Last Name	Relationship
Address		City	State Zip
Home Phone	Work Phone	Cell Phone	Email

<b>MOTHER/SECONDARY GUARDIAN:</b>			
First Name	Middle Name	Last Name	Relationship
Address		City	State Zip
Home Phone	Work Phone	Cell Phone	Email

<b>EMERGENCY CONTACT:</b>			
First Name	Middle Name	Last Name	Relationship
Address		City	State Zip
Home Phone	Work Phone	Cell Phone	Email

ETHNIC GROUP: Arab, Indian subcontinent, African American, Hispanic, Caucasian American, and Native American (please circle one)

IS ENGLISH SPOKEN AT HOME: Yes  No

LIST ANY SPECIAL PROBLEMS YOUR CHILD MAY HAVE, SUCH AS ALLERGIES, INJURIES, ILLNESSES, AND ANY OTHER INFORMATION WE SHOULD BE AWARE OF:

\_\_\_\_\_

\_\_\_\_\_

PEDIATRICIAN'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

<b>I AUTHORIZE THE FOLLOWING PERSONS TO PICK UP MY CHILD:</b>	
NAME 1: _____	RELATION: _____
HOME #: _____	CELL #: _____
NAME 2: _____	RELATION: _____
HOME #: _____	CELL #: _____

We release, indemnity, and hold harmless I.S.G.H./I.E.I.T., their officers and administrators, against any liability/claim arising from any accident on the school premises.

\_\_\_\_\_ Parent Signature \_\_\_\_\_ Date