

NEW MEDINAH ISLAMIC SCHOOL SYSTEM

Clara Mohammed School & New Medinah High School

16 Al-Halim Road
Sumrall, MS 39482
(601) 736-8540 / (601) 736-0543 fax
email: alvinshareef@hotmail.com
www.newmedinah.com

TO THE APPLICANT:

1. Complete this form. Please print or type.
2. New students: Attach a copy of last year's Report Card, Transcript, Standardize Test Scores, and Immunization Records.
3. APPLICATION DEADLINE: July 31st. SUMMER SCHOOL: MAY 31st

STUDENT NAME: -

Last First Middle

DOB _____ ETHNIC GROUP (Optional) _____ RELIGION (Optional) _____

ADDRESS _____

SOCIAL SECURITY # _____ PHONE () _____

EMAIL ADDRESS (PARENT): _____

EMAIL ADDRESS (STUDENT): _____

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FATHER'S NAME

Last First Middle

FATHER'S EMPLOYMENT _____ PHONE () _____

MOTHER'S NAME

Last First Middle

MOTHER'S EMPLOYMENT _____ PHONE () _____

PARENT'S ADDRESS _____ PHONE () _____

IF DIFFERENT FROM STUDENT

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STUDENT'S HEALTH (CIRCLE) GOOD FAIR POOR
ALLERGIES _____

MEDICAL CONDITIONS/HANDICAPS _____

STUDENT'S PHYSICIAN _____ PHONE () _____

Name
IN CASE OF EMERGENCY CONTACT _____ / _____
Name /RELATIONSHIP PHONE

Parent's Signature Date

School Representative Date

FEE(S) PAID \$ _____