



Islamic Academy of San Antonio (IASA)

Full -Time Islamic School & Childcare Learning Center

8638 Fairhaven Street - San Antonio, TX 78229-2035

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IASA ADMISSION & REGISTRATION FORM

School Year 2019 - 2020

Student Information: _____ New Student _____ Returning Student (Update information below)

First Name: _____ **Last Name:** _____ **Middle Name:** _____

Grade Entering: _____ **Birth Date:** _____ **Age:** _____

Race (select on or more)			
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Other	

Parents or Guardians Information:

Father's First Name: _____ **Father's Last Name:** _____

Cell Phone: _____ **Work Phone:** _____

Mother's First Name: _____ **Mother's Last Name:** _____

Cell Phone: _____ **Work Phone:** _____

Student's Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Emergency Contact: **NOT PARENTS** (In case the school is unable to contact a parent or a guardian)

Name: _____ **Relationship:** _____

Cell Phone: _____

Medical Information:

Doctor Name: _____ **Clinic/Hospital:** _____

Clinic/Doctor's Phone: _____

Authorized Individuals to Pick Up Your Child: **NOT PARENTS**

Name: _____ **Relationship to Child** _____

Name: _____ **Relationship to Child** _____

I authorize the school staff to photograph or video record my child in presentations, promotions, social media, and educational activities without compensation. _____ initial

i. I authorize the request of student's records from previous school, where applicable.

ii. I authorize IASA to take action to protect the health of the student in the event parent/emergency contact cannot be reached.

ii. I certify that all the above information is correct.

Print Name

Signature

Date