## In the Name of Allah

The Compassionate source of All Mercy.

## MUSLIM CENTER JUNIOR HIGH SCHOOL

137-58 Geranium Ave. Flushing, NY 11355

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## **APPLICATION FOR RETURNING STUDENTS**

School Year 2022- 2023

STUDENT INFORMATION						
PLEASE TYPE OR PRINT Date: Grade:						
Student Name			Ge	ender:		
First Name	MI	Last Name		Male/Female		
Returning for GradeDate of	of Birth	Place of Bir	th:	Age:		
Home Address						
Street Address Apt # City State	Zip Code					
Home Phone F	2mail 1		Email 2			
CONTACT INFORMATION						
Father's Name				one		
Mother's Name	Cel	l Phone	Work Pho	one		
Emergency Contact Name	Pl	none	Relationship to	o Student		
	TDA	NCDODT A TION	T			
33771		NSPORTATION				
Will your child need transportatio		ow bus? (Coordinat	ion Only) Yes	∐ No		
If No, who will pick up the child?						
Name		<del>-</del>				
Name Relationship						
Please List Applicant's Brother	and Sisters:					
Name:	Age:	School Attendi	ng:	Grade:		
IN CASE OF EMERGENCY  If the parents cannot be reached in case of emergency or an illness, who should be contacted?						
Name: Add	lress:	P	none:	Relationship:		
ENROLLMENT TERMS						
This application becomes valid upon receipt of the non-refundable <b>\$75.00</b> registration fee for returning students.						
in application occomes valid up	on receipt or the	$\frac{\psi}{}$	<u></u> 105151141101110	o ioi iotaining budding.		

NOTE: NO STUDENT WILL BE ACCEPTED, UNLESS HIS/HER ALL PREVIOUS DUES HAVE BEEN PAID UP BY MAY  $20^{\mathrm{TH}}$  2022.

## Please do not write below this space. For office use only.

Serial No.		
Grade		
Entry Date		
Accepted/ not Accepted		
Registration Amount paid	Check	Cash $\square$
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Administration Signature	Date:	