

**MUSLIM CENTER JUNIOR HIGH SCHOOL**  
137-58 Geranium Ave. Flushing, NY 11355  
Tel: (718) 460-2127 Fax: (718) 460-9727 E-mail: [Office@mcjhs.org](mailto:Office@mcjhs.org)

**STUDENT APPLICATION (2023-2024)**

**STUDENT INFORMATION**

**PLEASE TYPE OR PRINT**

Grade in 2023-2024: \_\_\_\_\_

Student Name: \_\_\_\_\_ Gender: M / F  
First Name Middle Name Last Name (Circle one)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Is the Child Fluent in English?** Y / N (Circle one) **Language Spoken at Home:** \_\_\_\_\_

Name of the Previous School: \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_ Date entry in USA: \_\_\_\_\_

Home Phone \_\_\_\_\_ Email 1 \_\_\_\_\_ Email 2 \_\_\_\_\_

**CONTACT INFORMATION**

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**TRANSPORTATION**

Will your child need transportation other than the yellow bus? (Coordination Only) Yes  No

If not, who will pick up the child (Anyone who will be picking up the student **MUST** be listed here, otherwise the student will not be released to them).

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Please List Applicant's Brother and Sisters:**

Name:	Age:	School Attending:	Grade:
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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**IN CASE OF EMERGENCY**

If the parents cannot be reached in case of emergency or an illness, who should be contacted?

Name:	Address:	Phone:	Relationship:
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_____	_____	_____	_____
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_____	_____	_____	_____
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School Year 2023-2024

(Please turn over)

## MEDICAL INFORMATION

1. Yes  No  Any concerns about general health (eating and sleeping habits, weight, etc.)?

If yes, please describe \_\_\_\_\_

2. Yes  No  Any other specific illness or social/emotional or behavioral problems?

If yes, please describe \_\_\_\_\_

3. Yes  No  Any allergies (food, insects, medication, etc.)?

If yes, please describe \_\_\_\_\_

4. Yes  No  Any prescription medication (daily or occasionally)?

If yes, please write the name of the medication \_\_\_\_\_

5. Yes  No  does the applicant wear eyeglasses?

6. Yes  No  Any hospitalization, operation, or major illness?

If yes, please describe \_\_\_\_\_

## ENROLLMENT TERMS (NEW STUDENTS ONLY)

This application becomes valid upon receipt of the non-refundable \$100.00 registration fee for new students. The following items must be presented at the time of application.

1. A copy of the child's Birth Certificate.
2. An official Vaccination Record.
3. Previous school records, most recent report card, & most recent State Testing results (if applicable).
4. A recent Photograph.

Signature of Parents/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## RE-ENROLLMENT TERMS (RETURNING STUDENTS ONLY)

This application becomes valid upon receipt of the non-refundable \$75.00 registration fee for returning students.

Signature of Parents/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

<b>Student Number</b>	
<b>Grade</b>	
<b>Start Date</b>	
<b>Accepted / Not Accepted</b>	

**Enrollment fee (\$100)** ..... Yes  No

**Re-enrollment fee (\$75)** ..... Yes  No

**Supplies fee (\$150)**..... Yes  No

**Exam fee (\$30)** ..... Yes  No

**Monthly fee** ..... Yes  No

**Administration Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_