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Session: School Year 2007/2008

Date: _____

Grade: _____

STUDENTS INFORMATION

Last First middle other name

Street Address city state zip

Home Phone (include area code) Social Security Number

Date of birth Place of birth Primary Language spoken Other Languages

Has applicant ever attended Al-Furqan Academy: yes _____ no _____ (if yes indicate date)

Has your child been suspended or expelled from a school? YES _____ NO _____ If Yes, please

Explain: _____

Name of last school attended grade

Street Address City State Zip Phone

Applicant lives with (Please check all that applies): Mother _____ Father _____ other _____

MEDICAL INFORMATION

Has this student ever had psychological testing or been screened for academic difficulties or learning disabilities?
YES _____ NO _____

Any health concerns (allergies, asthma, conditions, surgeries, diseases)? _____

Regular Prescription? Yes _____ No _____ If Yes, What _____

Family Physician: _____ Phone _____

Insurance Company / Policy #: _____

* AFA does not accept students with special Educational needs at this time.

FATHER'S INFORMATION

Name _____ Email Address _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____ Pager _____

Occupation _____ Name of Company _____

MOTHER'S INFORMATION

Name _____ Email Address _____

Home Address _____ City _____ State _____ Zip _____ Home _____

Home Phone _____ Business Phone _____ Cell Phone _____ Pager _____ Home _____

Occupation _____ Name of Company _____ Home _____

SIBLINGS AT AL-FURQAN

Name and grade level

SIBLINGS AT HOME

Name and Age

EMERGENCY CONTACTS

Name _____ Relationship _____ Daytime Phone _____

Name _____ Relationship _____ Daytime Phone _____

REFERRAL

I was referred to Al-Furqan Academy by _____

Signature of Parent/guardian

Date

Notes: Please write any information about your child that may be help AFA staff better serve him/her.

For Office Use Only:

Date Received: _____
Registration Fee: _____
Birth Certificate: _____

Date withdrawn: _____
Immunization Records: _____
Recommendation Letter: _____

Transcript: _____
S. S. Card # _____