



Full Time Student Registration Form

Student Information

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

Date of Birth: ____/____/____ Grade going to: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Parent/Guardian Information

Father Last Name: _____ First Name: _____ Email: _____

Cell Number: () _____ - _____ Can we use this for school texting? Yes No

Mother Last Name: _____ First Name: _____ Email: _____

Cell Number: () _____ - _____ Can we use this for school texting? Yes No

Emergency Information

Contact Person: _____ Relation to Student: _____

Cell Number: () _____ - _____

Medical Information

Allergies: _____ Medication: _____

Does it need to be administered in school? Yes No Doctor's Name: _____

Medical Insurance: _____ Policy #: _____

Hidayah Liability Waiver

As the parent/legal guardian of the minor listed above, I hereby grant permission for the student to participate in all the activities of HIDAYAH ACADEMY programs. I assume full responsibility for any injuries or damages which may occur to this student, in, on or about the premises of HIDAYAH ACADEMY, or arising out of its activities, and do hereby fully and forever release and discharge HIDAYAH ACADEMY, its employees, staff, and volunteers, from any and all claims, demands, rights of action, or causes of action, present or future, whether same, be known, anticipated or unanticipated, resulting from or arising out of the student participation in the programs and activities of the aforesaid school. I further grant permission to provide emergency first-aid and/or hospitalization to the student(s) listed above in case of injury or illness as deemed appropriate by the school or a physician. Any medical expense incurred for medical treatment shall be my responsibility. I also understand that it is my responsibility to make the office aware of any medicine the child is taking.

Signature of Parent/Guardian

Date