

Full Time Student Registration Form

Student Information

Last Name:	First Name:	Middle Nar	ne:
Date of Birth:/_	_/ Grade goir	ng to:	
Address:	City:	State:	Zip Code:
Parent/Guardian Information			
Father Last Name:	First Name:	Email:	
Cell Number: ()	Ca	n we use this for school texting?	Yes No
Mother Last Name:	First Name:	Email:	
Cell Number: ()	Ca	n we use this for school texting?	Yes No
Emergency Information			
Contact Person:	Re	elation 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 HIDAYAH ACADEMY programs. I assu the premises of HIDAYAH ACADEMY, or ACADEMY, its employees, staff, and volve whether same, be known, anticipated or activities of the aforesaid school. I furth above in case of injury or illness as deer shall be my responsibility. I also understand	me full responsibility for any in a rarising out of its activities, and unteers, from any and all clain an unanticipated, resulting from the grant permission to provide the appropriate by the school and appropriate by the school	njuries or damages which may occur to and do hereby fully and forever release a ims, demands, rights of action, or cause a or arising out of the student participation be emergency first-aid and/or hospitalizatol or a physician. Any medical expense	this student, in, on or about and discharge HIDAYAH es of action, present or future, on in the programs and tion to the student(s) listed incurred for medical treatment
Signature of Parent/Guardian		 Date	