



Everest Academy

A Dar ul Arqam Campus

REGISTRATION FORM

REGISTRATION DATE: _____ GRADE: _____

STUDENT INFORMATION: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE _____ Social Security Number				
_____	_____	_____	_____	_____
First Name	Middle Name	Last Name	Date of Birth	
_____	_____	_____	_____	_____
Address	City	State	Zip Code	

FATHER:		GUARDIAN: <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY		
_____	_____	_____	_____	_____
First Name	Middle Name	Last Name		
_____	_____	_____	_____	_____
Address	City	State	Zip Code	
_____	_____	_____	_____	_____
Home Phone	Work Phone	Cell Phone	Email	

MOTHER:		GUARDIAN: <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY		
_____	_____	_____	_____	_____
First Name	Middle Name	Last Name		
_____	_____	_____	_____	_____
Address	City	State	Zip Code	
_____	_____	_____	_____	_____
Home Phone	Work Phone	Cell Phone	Email	

EMERGENCY CONTACT:				
_____	_____	_____	_____	_____
First Name	Middle Name	Last Name	Relationship	
_____	_____	_____	_____	_____
Address	City	State	Zip Code	
_____	_____	_____	_____	_____
Home Phone	Work Phone	Cell Phone	Email	

ETHNIC GROUP: (Please circle one)

Arab, Indian subcontinent, African American, Hispanic, Caucasian American and Native American

IS ENGLISH SPOKEN AT HOME: Yes No

LIST ANY SPECIAL PROBLEMS YOUR CHILD MAY HAVE, SUCH AS ALLERGIES, INJURIES, ILLNESSES, AND ANY OTHER INFORMATION WE SHOULD BE AWARE OF:

PEDIATRICIAN'S NAME: _____ **PHONE #:** _____

I AUTHORIZE THE FOLLOWING PERSONS TO PICK UP MY CHILD:

NAME 1: _____ RELATION: _____

HOME #: _____ CELL #: _____

NAME 1: _____ RELATION: _____

HOME #: _____ CELL #: _____

We release, indemnify and hold harmless, Everest Academy, I.E.I.T., and I.S.G.H., their officers, Administrators, and staff against any liability/claim arising from any accident on the school premises.

Parent Signature

Date