

In the Name of Allah, Most Gracious, Most Merciful

THE ISLAMIC CULTURAL CENTER SCHOOL

Enrollment Application for: Kindergarten First Grade Second Grade

Application for Admission

Today's Date: _____

Child's Last Name: _____ First Name: _____ Mid: _____

Date of Birth: _____ Age: _____ Gender: _____ Grade: _____

Father's Last Name: _____ First Name: _____

Mother's Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Father's Business Phone: _____ Mother's Business Phone: _____

Last School Attended: _____ Grade/Year Graduated: _____

FOR OFFICIAL USE:

No: _____ Date Received: _____ Grade: _____

Please send completed form to: Islamic Cultural Center School, 1711 3rd Avenue, New York, NY 10029.
For additional information, please call the school at (212).....or check for updates on our
website <http://www.islamicculturalcenter-ny.org/>