



City of Knowledge Islamic School
 4255 Lawrenceville Hwy.
 Lilburn, Ga. 30047
 770-638-1899

Registration Form 2008-2009 School Year

| CHILD | | |
|--------------------|-------------------|--|
| LAST NAME: | FIRST; | MIDDLE INITIAL: |
| SOCIAL SECURITY #: | D.O.B.(MM/DD/BY): | SEX: <input type="checkbox"/> M <input type="checkbox"/> F |
| HOME ADDRESS: | | |
| CITY: | STATE: GA. ZIP: | HOME PHONE: |

| PARENT/GUARDIAN | | |
|------------------------|-----------------|-----------------|
| MOTHER'S LAST NAME: | FIRST; | MIDDLE INITIAL: |
| HOME ADDRESS: | | |
| CITY: | STATE: GA. ZIP: | CELL PHONE: |
| Place of Employment: | | Work Phone: |
| Address: | | |
| CITY: | STATE: GA. ZIP: | |
| E-MAIL ADDRESS: | | |
| FATHER'S LAST NAME: | FIRST: | MIDDLE INITIAL: |
| HOME ADDRESS: | | |
| CITY: | STATE: GA. ZIP: | CELL PHONE: |
| Place of Employment: | | Work Phone: |
| Address: | | |
| CITY: | STATE: GA. ZIP: | |
| E-MAIL ADDRESS: | | |

| EMERGENCY CONTACT: | | |
|---------------------------|-----------------|-----------------|
| LAST NAME: | FIRST; | MIDDLE INITIAL: |
| DAYTIME ADDRESS: | | |
| CITY: | STATE: GA. ZIP: | DAYTIME PHONE: |
| CELL PHONE: | | |

I verify the above information to be correct.
 I understand that I cannot register my child without appropriate age documentation.

SIGNATURE (*Parent/Guardian*): _____ DATE: _____

| | |
|---|--|
| CHILD'S MAINTENANCE | |
| CHILD'S LIVING ARRANGEMENTS: [] BOTH PARENTS [] MOTHER [] FATHER [] OTHER | |
| CHILD'S LEGAL GUARDIAN: [] BOTH PARENTS [] MOTHER [] FATHER [] OTHER | |

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|---|----------|
| THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING: | |
| NAME: | ADDRESS: |
| | |
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| CHILD'S PHYSICIAN OR CLINICS' NAME (CHILD'S PRIMARY HEALTH SOURCE: |
| |
| PHONE NUMBER: |

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| MY CHILD HAS THE FOLLOWING SPECIAL NEED(S): |
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| THE FOLLOWING SPECIAL ACCOMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT SCHOOL: |
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|---|
| MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS: |
| |
| |
| |

GENERAL RELEASE

I verify the above information to be correct and true.

SIGNATURE: _____
Parent/Guardian Date