



The Islamic Education School

Annual Registration 2021-2022

STUDENT INFORMATION

First Name

Middle Name

Last Name

Grade Level

Birth Date

Gender

Languages Spoken at Home

Student's Email Address (Grades 4-8)

Student's Mobile Phone (Grades 4-8)

Siblings [Brothers and Sisters]

Name

Age

Name

Age

Name

Age

Name

Age

PARENT INFORMATION

Note: TIES sends school information and announcements via text/voice/email. Please complete all information

Guardian 1 Name

Relationship

Guardian 1 Email Address

Guardian 1 Home Phone

Guardian 1 Work Phone

Guardian 1 Mobile Phone

Guardian 2 Name

Relationship

Guardian 2 Email Address

Guardian 2 Home Phone

Guardian 2 Work Phone

Guardian 2 Mobile Phone

Parents are: ☐ Married ☐ Divorced

NOTE: Step-Parent Information is requested in a separate section

STUDENT/PARENT PRIMARY ADDRESS

Address

City

ST

Zip Code

SCHOOL HISTORY

Last School Attended

Address

City

ST

Zip Code

Phone Number

Fax Number

EMERGENCY CONTACT AND RELEASE (Please check and initial if contact is also authorized for release)

_____	_____	_____	_____ <input type="checkbox"/>
First & Last Name	Relationship to Student	Phone Number	Guardian Initial
_____	_____	_____	_____ <input type="checkbox"/>
First & Last Name	Relationship to Student	Phone Number	Guardian Initial
_____	_____	_____	_____ <input type="checkbox"/>
First & Last Name	Relationship to Student	Phone Number	Guardian Initial

OTHER INDIVIDUALS AUTHORIZED FOR RELEASE

_____	_____	_____
First & Last Name	Relationship to Student	Phone Number
_____	_____	_____
First & Last Name	Relationship to Student	Phone Number
_____	_____	_____
First & Last Name	Relationship to Student	Phone Number

HEALTH

_____	_____		
Physician's Name	Physician's Phone		
_____	_____		
Physician's Address	City	ST	Zip Code
Medical conditions: _____			
Allergies: _____			
Medications and dosage: _____			

ADDITIONAL STUDENT INFORMATION

Does student have an IEP? Yes/No

Does student a hearing impairment? Yes / No

Does student a visual impairment? Yes / No

Does student need classroom modifications? Yes/ No

How did you find out about TIES? _____

STEP-PARENT INFORMATION

Authorized To Receive School/Student Information

Step-father's Name Step-father's Email Address

Step-father's Home Phone Step-father's Work Phone Step-father's Mobile Phone

Authorized To Receive School/Student Information

Step-mother's Name Step-mother's Email Address

Step-mother's Home Phone Step-mother's Work Phone Step-mother's Mobile Phone

STUDENT / PARENT SECONDARY ADDRESS

Address City ST Zip Code

MEDIA PERMISSION

TIES Philadelphia routinely posts on our websites
and other publications pictures and videos of student activities connected with the school.

TIES may may not **include my child in such postings.** Initial Date**IN THE EVENT OF AN EMERGENCY**

In case of an accident considered "major" by the school, your child will be sent to the Emergency Room, if necessary. Please be advised that TIES does not assume responsibility for emergency medical treatment, payment of physician's fees, or health expenses of students who are injured at school or at school-sponsored activities away from the school campus.

Initial Date

ACKNOWLEDGEMENT

By signing this form, I acknowledge receipt of this information, confirm the information I provided is true and accurate, and confirm this document supercedes any previous information given to TIES.

Name of Person Completing Form Signature of Person Completing Form Relationship to Student Date

(If Person Financially Responsible is different from, please continue below)

Name of Person Financially Responsible Signature of Person Financially Responsible Relationship to Student Date

OFFICE USE ONLY

REGISTRATION: Paid Unpaid Amount Paid \$

DEPOSIT: Paid Unpaid Amount Paid \$

TYPE OF PAYMENT: Cash Credit Card Check (#_____)