

Greater Lansing Islamic School
Student Data Form
2017-2018

(please complete everything)

Student Information

Student Name (Last, First, Middle) _____

Date Of Birth (mm/dd/yyyy) _____ Age ____ Sex: M F

Birth Place (City, State, Country) _____

U.S. Citizen: YES NO Native Language _____ Native Country _____

Home Phone _____

Present Address (No., Street, City, ZIP Code) _____

Family Information

Parent Or Guardian With Whom Child Lives:

Name (Last, First, Middle) _____ Relation To Child _____

Country Of Birth _____ Years Of Education ____ Occupation _____

Work Phone _____ Cell Phone _____ E-Mail _____

Parent Not Living With Child (If Applicable)

Name (Last, First, Middle) _____ Relation To Child _____

Country Of Birth _____ Years Of Education ____ Occupation _____

Phone: (Home) _____ (Work) _____ (Cell) _____ E-Mail _____

Present Address (No., Street, City, ZIP Code) _____

Brothers and Sisters:

Name _____ Date of Birth: _____ School: _____

Name _____ Date of Birth: _____ School: _____

Name _____ Date of Birth: _____ School: _____

Name _____ Date of Birth: _____ School: _____

Education

Has student previously attended the Greater Lansing Islamic School? YES NO

If YES give dates _____

School Transferred From _____ Highest Grade Completed _____

Has the student been in a special education program? YES NO

If YES explain _____

Health Emergency

Does the student have a health emergency or disability which may require?

a. Emergency handling (i.e., heart condition, etc.)? YES NO

b. Special placement in the classroom (i.e., eyesight, hearing, etc.)? YES NO

If YES explain _____

This information is shared with appropriate staff as needed. If you have information you do not wish to share, please contact the principal.

If parent/guardian cannot be reached, would you approve service by hospital staff in a medical emergency? YES NO

Child's Physician _____ Phone _____ Hospital Preference _____

In case of emergency, person to contact if parent cannot be reached:

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

Signature

I hereby affirm that all information given is true and accurate, that I will notify the school of any changes, and am aware that the school has the right to require verification of any and all information.

Signature of Parent or Guardian

Date