

Islamic Elementary School

Enrollment Application

(Pre-K – Grade 8)

Note: Filing an application does not guarantee a space.

Child's Last Name: _____ First Name: _____ M.I. _____

Date of Birth: _____ Age: _____

Father's Last Name: _____ First Name: _____

Mother's Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

FOR OFFICIAL USE:

No: _____ Date Received: _____ Grade: _____

Mail Completed Application to:
Islamic Elementary School
P.O. Box 200215
South Ozone Park, NY 11420

Or Fax to 718-322-7069

For further information, please call 718-322-3154