



الأكاديمية الإسلامية

Al-Noor Academy (ANA) Islamic Academy of New England (IANE)

ANA: 508-261-7077 (Tel)

Web: <http://anahs.org>

Emails: ana@anahs.org

IANE: 781-784-0400 (Tel)

<http://iane.org>

iane@iane.org



Family Information (One form per family)

<input type="checkbox"/> Father or <input type="checkbox"/> Male Guardian (please check the appropriate box)		
Name	Title	SSN
Address		Phone
City	State	Zip
Language(s) Spoken		Occupation
Employer		Bus Phone
Cell Phone		Email

<input type="checkbox"/> Mother or <input type="checkbox"/> Female Guardian (please check the appropriate box)		
Name	Title	SSN
Address (if different)		Phone
City	State	Zip
Language(s) Spoken		Occupation
Employer		Bus Phone
Cell Phone		Email

Marital status:			
Married: <input type="checkbox"/>	Separated: <input type="checkbox"/>	Divorced: <input type="checkbox"/>	Widowed: <input type="checkbox"/>
With whom does child reside?		No. of children in family:	
Language(s) Spoken at Home:			

Siblings (List all the children in the family including those already enrolled at the IANE or ANA)					
First Name	Last Name	Male/Female	Date of Birth	Grade	School
1.		M <input type="checkbox"/> F <input type="checkbox"/>			
2.		M <input type="checkbox"/> F <input type="checkbox"/>			
3.		M <input type="checkbox"/> F <input type="checkbox"/>			
4.		M <input type="checkbox"/> F <input type="checkbox"/>			
5.		M <input type="checkbox"/> F <input type="checkbox"/>			
6.		M <input type="checkbox"/> F <input type="checkbox"/>			

Medical Contact:	
Physician: _____	Phone Number: _____
Hospital: _____	Phone Number: _____
Insurance: _____	Phone Number: _____

Emergency Contact:		
Name: _____	Phone Number: _____	Relationship: _____
Name: _____	Phone Number: _____	Relationship: _____
Name: _____	Phone Number: _____	Relationship: _____