



Noor Hifz Academy

3003 Scott Blvd, Santa Clara CA 95050
hifzschool@mcabayarea.org

STUDENT REGISTRATION FORM

Academic Year 2014 – 2015

Student Information

Fulltime Hifz Yes No After School Hifz Yes No Academic Tutoring Yes No

First Name _____ Middle Name _____ Last Name _____

Gender Male Female Birth Date ____/____/____ Grade (2014 – 2015) _____

Last School Attended _____

Student lives with Both Parents Father Only Mother Only Other _____

Allergies / Medical Condition _____

Parent Information

FATHER First Name _____ **FATHER** Middle Name _____ **FATHER** Last Name _____

Street (Home Address) _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

MOTHER First Name _____ **MOTHER** Middle Name _____ **MOTHER** Last Name _____

Street (Home address, if different than above) _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Contact Information

First Name _____ Last Name _____ Relationship _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Date _____ Parent Signature Father Mother

I agree to pay the fees and abide by the rules & regulations laid down by Noor Hifz Academy.

DO NOT WRITE For Office Use Only

Registration # _____

Accepted
 Denied

Comments: _____