

ADAM ACADEMY

Building Character & Developing personality & Minds 3635 Rochester Rd, Troy,
MI 48083, Tel :248-817-5119 OR 248-462-3907



REGISTRATION FORM - ADAM ACADEMY

**Please Note: Registration guarantee enrollment.*

Date _____ Grade applying for: _____ Year applying for: _____ Country of Birth _____

Student Name: _____ D.O.B _____ Male _____ Female _____
(first) (middle) (last) (month/day/year)

Has the student finished Nazirah of the whole Quran? _____ If yes, how many times? _____

If no, how much? _____ Check one: Beginner: _____ Continuing Hifzh: _____

If continuing, school name/location: _____

How many Surahs completed: _____ How long did it take to memorize? _____

How much Quran has he/she memorized? _____ (circle one)
Surahs Juz

Does your child have allergies? Yes _____ No _____ If yes, describe: _____

Does your child have any diagnosed (please circle) physical / behavioral / developmental needs? Yes _____ No _____

If yes, please describe needs and treatment/s (if applicable): _____

Mother/Guardian Name: _____ Profession: _____

Home # _____ Mother/Guardian Cell # _____ Mother/Guardian Work # _____

Mother/Guardian's E-mail: (PLEASE PRINT) _____

Father/Guardian Name: _____ Profession: _____

Home # _____ Father/Guardian Cell # _____ Father/Guardian Work # _____

Father/Guardian's E-mail: (PLEASE PRINT) _____

Primary Address: (PLEASE PRINT) _____ City/State _____ Zip _____

Is this the only residence of the student? Yes _____ No _____

If no, please explain: _____

Sibling(s) enrolled at ADAM ACADEMY _____ Grade _____

_____ Grade _____

_____ Grade _____

FOR ADAM ACADEMY OFFICE USE ONLY:

REGISTRATION FEE \$50.00 (non-refundable) _____ Cash _____ Check _____ CC (2.5% fee applied)

Date _____ Receipt # _____ Entered into School Management System _____

email: adamcc786@gmail.com