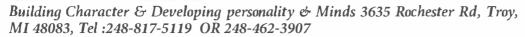
ADAM ACADEMY





REGISTRATION FORM - ADAM ACADEMY

*Please Note: Registration guarantee enrollment.

Date	Grade ap	plying for:	Year applying	g for:	Country of	Birth	
Student Name:				D.O.B	Ma	ale Fer	nale
	(first)	(middle)	(last)	(mont	h/day/year)		
Has the student fi	nished Nazira	ah of the whole Q	uran?	If yes, how many	times?		
If no, ho	w much?	Check one	: Beginner:	_Continuing Hifz	h:		
If continuing, sch	ool namel/loc	eation;					
How many Surah	s completed		How lo	ong did it take to r	nemorize?		
How much Quran has he/she memorized?					(circle	e one)	
			Surahs			,	
Does your child h	nave allergies	Yes No	_ If yes, describe);			
D 1311	ave any diag	nosed (please circle)	physical / behave	oral / developmer	ntal needs? Yes	sNo	0
Does your child h	iave any anabi	robed (predate errere)	I J	orar r de rerepiner			U
If yes, please desc						_	
If yes, please desc	cribe needs an	nd treatment/s (if a	applicable)) -	
If yes, please deso Mother/Guardian	Name	nd treatment/s (if a	applicable)	P	rofession;		
If yes, please deso Mother/Guardian	Name	nd treatment/s (if a	applicable)	P Mother/Gua	rofession		
If yes, please deso Mother/Guardian Home # Mother/Guardian	NameMo	od treatment/s (if a	applicable)	P Mother/Gua	rofession rdian Work #		
If yes, please deso Mother/Guardian Home # Mother/Guardian	NameMo	od treatment/s (if a	applicable)	Mother/Gual	rofession rdian Work # Profession		
If yes, please deso Mother/Guardian Home # Mother/Guardian Father/Guardian I	NameMo	other/Guardian Cell	applicable)	Mother/Gual	rofession rdian Work # Profession urdian Work #		
If yes, please deso Mother/Guardian Home # Mother/Guardian Father/Guardian I	NameMo	other/Guardian Cell	applicable)	Mother/Gual	rofession rdian Work # Profession urdian Work #		
If yes, please deso Mother/Guardian Home # Mother/Guardian Father/Guardian I Home # Father/Guardian's	NameMore representation of the control of the	od treatment/s (if a other/Guardian Cell a cher/Guardian Cell a cher cher cher cher cher cher cher cher	#	Mother/Guar	rofession rdian Work # Profession ardian Work # _		
If yes, please deso Mother/Guardian Home # Mother/Guardian Father/Guardian I Home # Father/Guardian's	NameMore representation of the control of the	od treatment/s (if a other/Guardian Cell a cher/Guardian Cell a chercher ch	#	Mother/Guar	rofession rdian Work # Profession ardian Work # _		
If yes, please desormother/Guardian Home # Mother/Guardian Father/Guardian Home # Father/Guardian's Primary Address: Is this the only resorred	NameMore Section of the sectio	other/Guardian Cell CASE PRINT) Student? Yes	#No	Mother/Gual Father/Gual City/State	rofession rdian Work # Profession ardian Work #		
If yes, please deso Mother/Guardian Home # Mother/Guardian Father/Guardian I Home # Father/Guardian's	NameMore seribe needs andMore seribe needs andMore series E-mail: (PLEASE PRINT) sidence of the ain end of the gain	other/Guardian Cell cher/Guardian Cell cher/Guardian Cell cher/Guardian Cell cher/Guardian Cell cher/Guardian Cell	#No	Mother/Guar Father/Guar City/State	rofession rdian Work # Profession ardian Work #		
If yes, please desormother/Guardian Home # Mother/Guardian Father/Guardian Home # Father/Guardian's Primary Address: Is this the only result no, please explain	NameMore seribe needs andMore seribe needs andMore series E-mail: (PLEASE PRINT) sidence of the ain end of the gain	other/Guardian Cell cher/Guardian Cell cher/Guardian Cell cher/Guardian Cell cse print) student? Yes CADEMY	#No	Mother/Gual Father/Gual City/State	rofession rdian Work # Profession urdian Work #	Zıp	

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