



Al-Arqam Islamic School & College Preparatory

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APPLICATION FOR ADMISSION

Contact Information for Prospective Student

Student's Last Name	Student's First Name	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Upcoming Grade Level	Application Date	Testing Date
Father's Name	Mother's Name	Father's Email Address	Mother's Email Address	Home Address		
Father's Cell Phone #	Mother's Cell Phone #	Occupation	Home Phone #	Primary Language Spoken at Home _____		

Previous School Information & Records

Name of Previous School _____

School's Street Address _____

City/State/Zip Code _____

Telephone Number: _____ Fax Number: _____

Has your child ever attended AIS/ACP? Yes No If so, when? _____

If your child attended, why did they leave? _____

Does your child have any health concerns or conditions? Yes No

If so, what is the condition? _____ Does your child take medication for this condition? _____

Is there any special instructions regarding your child's condition during the visit: _____

Does your child have a current 504 plan or IEP? Yes No

If so, what services were last provided? _____

Was your child ever suspended from this school? Yes No

If so, why? _____

Has your child ever been expelled from this or any school? Yes No

If so, why? _____