Student Information				
Name (Last, First M):	Primary Language:			
Street Address:	English Ability:			
	☐ Limited ☐ Fair ☐ Good ☐ Excellent			
City, State, Zip:	Gender: ☐ Male / ☐ Female			
SSN:	Date of Birth:			
Current Grade: Grade Sought:	Place of Birth:			
Previous School:	PublicSchoolDistrict of Residence:			
Is the student one of the following: (Check one)	Race (Check one):			
☐ A Citizen or National of the United States	☐ Asian ☐ White ☐ Black ☐ Hispanic			
☐ A Lawful Permanent Resident	•			
☐ An alien authorized to attend public school in the US	□ Native American □ Middle Eastern □ Other			
The above named child that I am enrolling has been previously expelled from Authorize communication with the school(s) listed below regarding this macademy will be at the discretion of the Academy Administration and the Board	atter. I understand that my child's admission to the Toledo Islamic			
Parent In	formation			
Fathers Name (Last First)				
Address (If different from child):				
Phone:	Email:			
Mothers Name:	Email:			
Phone:	Marital Status:			
Is there a Custody Order in Place? (Check one)	Fathers Occupation:			
☐ YES / ☐ NO/ ☐ PENDING.				
Have you provided a copy to the school?□ YES /□ NO	Mothers Occupation:			

Toledo Islamic Academy Enrollment Application

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Previous Schools Attended (most recent first):				
Name of School	Address	I	Phone	Grade TOLEDOYear(s)
Reason(s) for leaving previo	ous school:			
Has the student ever repeated Please explain why:	d a grade? □Yes/□No			
Has the student ever been su If yes, Please explain why:	spended, expelled or had	any disciplinary diffic	ulty in school	? □Yes/□No
Does your child have any pl	aveigal disabilities?	v/□No		
If yes, please provide explain		5/ LINO		
Toledo Islamic Academy is resources to meet students' learning history of applicant	needs, TIA seeks accurate	_		1 1 0
Has your child been referred ☐ Learning disabilities ☐	for (please check all that Language processing	apply): □ ADHD/ADD	□ Emotio	nal
Difficulties Has your child b ☐ Learning disabilities ☐	een tested for (please chec Language processing	ck all that apply): ☐ ADHD/ADD	□ Emotion	nal
Difficulties if yes, please given	ve dates and explanation: _			
Please list the subjects in wh	nich you believe your child	l excels:		

	Student Sibling Informa	ation	
Sibling Name:	Enrolled Here?	DOB	Current School
	□Yes □No □Waitlist		
I certify that all of the aborknowledge	ve information is true and compl	ete, to the bes	st of my
rent/ Guardian Signature: _			Date:
Academy, Attention: Admis Registration fees are due w o inquire about registration	l application and attachments to sions, 5225 West Alexis Rd., Syl ith this application. Please cont fees. Fees are required to be fration fee will be added to return	vania Ohio 43 act the main c fully admitted	3560. office
ll its rights, privileges, program n the basis of race, color or ethn thletic/extracurricular activities.	uits and admits students of any race, cost and activities. In addition, the schoolic origin in the administration of its education Furthermore, the school is not intended ordered, or public school district inition	l will not discrin ucational progr ded to be an alte	ninate ams and rnative
the Toledo Islamic Academy will ne hiring of its certified and non-	not discriminate on the basis of race, c certified personnel.	olor, or ethnic o	rigin in
	For Office use		
Application	Acceptance:	YES/ □ NO	