



In the name of Allah, Most Gracious, Most Merciful

These forms must be filled out each **NEW** child who is enrolling for the school year.

# ISLAMIC SCHOOL OF GREATER KANSAS CITY

8505 E. 99<sup>th</sup> St., Kansas City, MO 64134 • Phone: (816) 763-0322 • Fax: (816) 761-9249 [www.iscgkc.org](http://www.iscgkc.org)

## NEW STUDENT APPLICATION

Application for the Academic Year 2022-2023 Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ SS # \_\_\_\_\_

*First Middle Last*

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
Month Day Year

List the public school district and school in which your child resides: \_\_\_\_\_  
Home School / District

List previous school attended:

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Year: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason for leaving previous school(s): \_\_\_\_\_

Has the student ever repeated a grade? If yes, describe which grade and why. Yes No

**Has the student ever been suspended, expelled, or received any disciplinary action in school? If yes, describe which grade and why.** Yes No \_\_\_\_\_

Does your child have any physical disabilities? If yes, please explain. Yes No

Has your child been referred for or tested for (check all that apply):

\_\_\_\_ Learning disabilities \_\_\_\_ Language processing \_\_\_\_ ADHD/ADD \_\_\_\_ Emotional difficulties

Initial test date \_\_\_\_ Most recent test date \_\_\_\_ Please submit a copy of the most recent test results.

If yes, please explain. \_\_\_\_\_

List the subjects in which you believe your child excels: \_\_\_\_\_

List the subjects which you believe are difficult for your child: \_\_\_\_\_

List any extracurricular school activities your child has participated in during the last school year, ex.

Clubs, Masjid activities, sports, or special programs: \_\_\_\_\_

The student lives with: \_\_\_\_ Both Parents \_\_\_\_ Father \_\_\_\_ Mother \_\_\_\_ Other

Please share your reasons for applying to the Islamic School of Greater Kansas City:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

### Enrollment Checklist (For Office Use Only):

\_\_\_\_ Application \_\_\_\_ Fees Paid \_\_\_\_ Birth Certificate \_\_\_\_ Immunization Records \_\_\_\_ Transcript \_\_\_\_ SSN



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## PREVIOUS SCHOOL RECORDS REQUEST

To Whom It May Concern:

Previous School Address:      School name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Fax: \_\_\_\_\_

In accordance with the Family Education Rights and Privacy Act (FERPA), 34 CFR 99.31, transfer of education records is requested for:

\_\_\_\_\_  
Student's Name                                      Date of Birth (mm/dd/yyyy)                                      Grade

We request that all permanent school records for the student be mailed or faxed to:

Student Records  
Islamic School of Greater Kansas City  
8505 E 99<sup>th</sup> Street  
Kansas City, MO 64134  
Fax: 816-761-9249

PLEASE INCLUDE:

- Birth Certificate
- Report Cards, Standardized Test Scores, Attendance Records
- Records of any special need accommodation
- Any Special Education Information
- Health and Immunization Records
- Disciplinary referrals, counseling, detention, suspension, etc.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(mm/dd/yyyy)

Thank you,  
Office Administration  
Islamic School of Greater Kansas City



Accredited by North Central Association of Colleges & Schools (Accreditation Division of AdvancED) and State of Missouri

**ATTENTION:**

When all forms are completed, **save the PDF file to your computer.** Then, **email the PDF file to [admin@iscgkc.org](mailto:admin@iscgkc.org).**