



**Badr Islamic Academy**  
**17794 Main Street, Dumfries, VA 22026**  
**BadrIslamicAcademy@gmail.com**  
**STUDENT REGISTRATION FORM**

**STUDENT INFORMATION:** Complete the information below. Please print clearly. All forms must be completed before student's first day of school.

Name _____	Student's Date of Birth _____
Address _____	Phone (home) _____
Home Address _____	City/State/Zip Code _____
Father's Name _____	Mother's Name _____
Father's Phone _____	Mother's Phone _____
Father's Email _____	Mother's Email _____
Emergency Contact Phone _____	Emergency Contact Name _____

My child may ride to and from school only with home the following individuals:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, the parent/guardian of the child who is being registered on this form, do acknowledge that I have received, understood, and agree to follow the guidelines presented in the Badr Islamic Academy 2019-2020 Parent Handbook.

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

