

# As-Safa Academy

## Application for Admission

Academic Year 20\_\_\_\_  
4250 Latimer Avenue  
San Jose, CA 95130

### *Child's Information*

Child's Name:

---

Last Name	First Name	Middle
-----------	------------	--------

Home Address:

---

Street	City	State	Zip
--------	------	-------	-----

Home Phone: \_\_\_\_\_

Name of Parent/Guardian with whom the applicant resides: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Seeking instruction for Grade: \_\_\_\_\_

### *Previous School*

Current/Previous School: \_\_\_\_\_

Current/Previous School's Address: \_\_\_\_\_

Current/Previous School's Phone: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

Has the applicant ever skipped a grade?     Yes     No

Has the applicant ever repeated a grade?     Yes     No

Has the applicant ever been suspended or expelled from a school?  
 Yes     No

### *Family's Information*

Father's Name: \_\_\_\_\_

Profession/ Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell/Mobile Phone: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_  
Profession/Occupation: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
\_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell/Mobile Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

***MEDICAL INFORMATION***

Has the applicant ever been tested or screened for: (check what applies)

\_\_\_\_\_ Psychological / Emotional Disabilities  
\_\_\_\_\_ Learning Disabilities (ADD or ADHD)

Does the applicant have any health conditions such as allergies, asthma, or health concern that you would like As-Safa Academy to be notified? If yes, please explain:

---

**Statement of Enrollment**

I, \_\_\_\_\_, agree to enroll my child named above at As-Safa Academy. I understand that in order for my application to be complete, I will follow all the steps listed under the "Application" section of the As-Safa Academy Handbook.

---

**Signature of Parent/Legal Guardian**

\_\_\_\_\_ **Date**