



MUSLIM
CHILDREN'S
GARDEN

225 Tilton Ave, San Mateo, CA 94401

Phone: (650) 572-0222

Application for Admission 2011-2012

Submit with \$65 fee

Student Information

Student's last name:-----First name-----MI-----

Birth date:----- Age:----- Boy----- Girl -----Soc. Sec. No: _____-- _____-- _____

Home address:-----

City:----- State:----- Zip:-----

Home phone:----- Other phone number-----

Student lives with

-----Parents -----Father only
-----Mother only -----other-----

Has student applied to MCG before? ----Yes ----No
Any siblings currently attending MCG?----Yes ----No

Last school attended

Name:-----Phone-----
Director -----
Address:-----
County:-----

Parents Information

Father(or guardian)

Last name:-----First name:-----MI-----

Address:-----City-----State-----Zip-----

Home Phone:-----Profession-----

Soc. Security No: _____-- _____-- _____

Employer's name-----Occupation-----

Employer's address-----

Business phone:-----Email:-----

Mother (or guardian)

Last name:-----First name:-----MI-----

Address-----City:-----State:-----Zip:-----

Home phone:-----Profession-----

Soc. Security No _____ --- _____ --- _____

Employer's name -----Occupation-----

Employer's address:-----

Business phone:-----Email:-----

Other Information:

Race/Ethnicity

---White, not Hispanic

--- Hispanic

---Black, not Hispanic

--- American Indian, Alaskan, Eskimo

---Asian or Pacific Islander

--- Filipino

---Other (specify) -----

Emergency contacts other than parents

Name: -----Relationship:-----Phone:-----

Name:-----Relationship:-----Phone:-----

Name:-----Relationship:-----Phone:-----

MCG Emergency Policy: Minor first aid will be administered by MCG staff. Parents and emergency contacts will be called for injuries/illnesses beyond our ability to handle. "911" will be called to assist in the event of serious illness or injury, The MCG emergency policy is in effect for all students. Your child's attendance in the school signifies your acceptance of this policy.

Language(S) spoken _____

Has this student ever had psychological testing or been screened for academic difficulties or learning disabilities? -----Yes -----No

Is there any medical information MCG should be aware of? _____

Family Physician: _____ phone: _____

I understand that Arabic and Islamic Studies are mandatory at Muslim Children's Garden School, And I agree to work with or provide a tutor for my child to achieve the passing grade needed for promotion to the next grade. I agree to commit 20 volunteer hours during the year.

Parent's Signature: _____ **Date:** _____