



Masjid AlRasool AlAkram  
9300 S. Course Dr.  
Houston, Texas 77099

APPLICATION FOR ADMISSION

Student's Name \_\_\_\_\_ Date of Birth \_\_\_ - \_\_\_ - \_\_\_ Gender \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Guardian (if child with other than parents) \_\_\_\_\_ Relationship \_\_\_\_\_

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

Tel. No.(s) \_\_\_\_\_ E-mail address \_\_\_\_\_

Medical Condition:

Asthma \_\_\_ Heart Disease \_\_\_ Allergy \_\_\_ Other \_\_\_\_\_

If your child regularly takes medication, please explain \_\_\_\_\_

The School Administration reserves the right to admit or reject the applicant, if such action deems necessary and in the best interest of the school. The School reserves the right to dismiss any student for failure to follow school rules or instructions.

As parent/guardian of the student, I hereby completely release and waive any claim against AlRasool School, IPF, Masjid AlRasool AlAkram, as well as any officer, director, employee, or volunteer for any property damage or loss, missing person, death, or personal injury suffered by the student, on account of or in connection with the student's participation in school related activities. I acknowledge that I am aware of the risks associated with the school related activities.

\_\_\_\_\_  
Parent or Guardian Signature                      Date

THE FOLLOWING SECTION IS FOR OFFICE USE ONLY

Date of Enrollment \_\_\_\_\_ Grade \_\_\_\_\_ Waiting List No. \_\_\_\_\_ Rejected \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
Official Signature                                      Date