



# Islamic Community School Application for Enrollment

School Year 2024 - 2025

## Student Information

Child #1 Legal Name:

\_\_\_\_\_

(Last) (First) (Middle)

Preferred Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade Level: \_\_\_\_\_ Sex: M / F Place of Birth: \_\_\_\_\_

SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please list any allergies, dietary restrictions, or medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

Child #2 Legal Name:

\_\_\_\_\_

(Last) (First) (Middle)

Preferred Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade Level: \_\_\_\_\_ Sex: M / F Place of Birth: \_\_\_\_\_

SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please list any allergies, dietary restrictions, or medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

Child #3 Legal Name:

\_\_\_\_\_

(Last) (First) (Middle)

Preferred Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade Level: \_\_\_\_\_ Sex: M / F Place of Birth: \_\_\_\_\_

SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please list any allergies, dietary restrictions, or medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

### Parent Information

#### Mother

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Father

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

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