



# ISA ISLAMIC SCHOOL

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## REGISTRATION FORM

### STUDENT INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: – Male  
Month Day Year – Female

Name of Previous School: \_\_\_\_\_

Previous Level: \_\_\_\_\_ Percentage in Previous Level: \_\_\_\_\_ NGSA Score: \_\_\_\_\_

Special Interests/Hobbies: \_\_\_\_\_

\_\_\_\_\_

### PARENTS INFORMATION:

#### FATHER:

Father's Name in Full: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_

#### Guardian (if applicable)

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### MOTHER:

Mother's Name in Full: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

**In cases of Emergency:**

**Emergency Contact Person** (In the event of an emergency, parents will be contacted first. Please provide name of child medical doctor and which hospital child should be taken to in case of a medical emergency:

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Is/Are there any Health Problem (s)? – No – Yes

If yes, please State: \_\_\_\_\_

\_\_\_\_\_

**DO NOT WRITE IN SPACE BELOW:**

**FOR OFFICIAL USE ONLY**

**Payment Information:**

Registration Fee: – Paid \_\_\_\_\_ Date of Payment: \_\_\_\_\_

– Not Paid

Signature of Payee: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name of Receiving Officer: \_\_\_\_\_ Signature: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Admission Approved By: \_\_\_\_\_

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

Registration Number: \_\_\_\_\_

Grade: \_\_\_\_\_

Assigned Sports House: \_\_\_\_\_

General Remarks: \_\_\_\_\_

\_\_\_\_\_