

IRHSCA WEEKEND SCHOOL

Student Application



APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone			E-mail Address			
Date Available		Emergency Contact		Relation		
Phone Number						
EDUCATION						
Current School		Address				
STUDENT INFORMATION (AS OF DATE APPLIED)						
Student 1			Age			
Gender			Grade			
Address (if different then parents)						
Student 2			Age			
Gender			Grade			
Address (if different then parents)						
Student 3			Age			
Gender			Grade			

DISCLAIMER AND SIGNATURE		
I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance to an education facility, I understand that false or misleading information in my application or in person may result in my release.		
Signature		Date

Islamic Research and Humanitarian Services Center of America
Islamic Weekend Academy
Medical Emergency Plan

The following medical emergency plans are established by I.W.I.A.

1. For ordinary cuts and bruises a teacher or a staff member will apply first aid.
2. For other types of emergency, a staff member with first aid training will administer first aid.
3. The school will contact fire and/or police for emergency service, if appropriate
4. The school will contact the parents. If parents cannot be contacted, the below listed contact person(s) will be contacted.
5. The school will arrange to transport student to emergency medical care by public emergency vehicle or parent/guardian vehicle.

Student Name: _____

Student Name: _____

Student Name: _____

Student Name: _____

Student Name: _____

For the above mentioned child/children here are the preferred physician/clinic/dentist and preferred hospital.

Preferred Physician/Clinic/Dentist

Physician/Clinic: _____	Dentist/Clinic: _____
Address: _____	Address: _____
City: _____	City: _____
State, ZIP _____	State, ZIP _____
Phone # _____	Phone # _____

Preferred Hospital _____

Preferred emergency dental care at _____

By signing below I/We give consent to transport my child by public emergency vehicle. The preferred hospital and dental care facility is indicated below. I/We will assume all financial responsibilities for medical /dental care associated with the emergency. I/We also give consent to transport the child to a medical care facility designated by the public emergency vehicle attendant or paramedic.

Parent Name _____

Parent Signature _____ **Date** _____

Please list below **two** people to be contacted in the event of an emergency if the parents cannot be reached.

Name: _____	Name: _____
Relationship to student: _____	Relationship to student: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Cell #: _____	Cell #: _____

WAIVER OF LIABILITY
School Year: 2012-2013

In consideration of my child's (or children's) participation in the I.W.I.A. I, acting as parent or legal guardian of said child (or children), hereby agree to release, discharge, waive and hold harmless I.W.I.A. and their respective employees, agents, instructors, board members, volunteers, staff, leadership, owners or advisors for any incident, actions or conduct resulting in personal injury, accident, or illness to my child (or children) not limited to negligence, gross negligence and recklessness.

I expressly agree that the forgoing waiver of liability is intended to be as broad as is permitted by the laws of MD/DC/VA and if any portion therefore is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully read and voluntarily sign this waiver of liability and fully understand its contents and meaning as a full waiver of all claims, liability and indemnity against I.W.I.A. or any of its employees, agents, instructors, board members, volunteers, staff, leadership, owners or advisors.

Parent Signature: _____

Parent Print Name: _____

Student Name(s): _____

Date: _____