



GUIDANCE EDUCATIONAL ACADEMY

A Division of Rahmat-e-Alam Foundation, A Non-Profit Organization, State of Illinois Registered, IRS 501 (c)(3)
7045 North Western Avenue, Chicago, IL- 60645. Phone: (773)-764-8274 Ext. 3, Fax: 773-764-4990

STUDENT REGISTRATION FORM

YEAR _____

STUDENT INFORMATION

NAME: _____ S.S.N: _____ - _____ - _____
FIRST MIDDLE LAST

ADDRESS: _____
STREET ADDRESS / P.O BOX / APT # CITY STATE ZIP CODE

BIRTH DATE: _____ GENDER: M F US CITIZEN: Y N
MM / DD / YYYY

HOME #: _____ - _____ - _____ ETHNICITY (OPTIONAL): _____

SCHOOL ATTENDED PREVIOUSLY: _____

PARENT / GUARDIAN INFORMATION

PARENT / GURDIAN 1

PARENT / GURDIAN 2

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME #: _____

CELL #: _____

EMAIL : _____

SIBLINGS INFORMATION

1. _____
NAME GENDER GRADE

2. _____
NAME GENDER GRADE

3. _____
NAME GENDER GRADE

EMERGENCY CONTACT INFORMATION

CONTACT 1

CONTACT 2

NAME: _____

RELATIONSHIP: _____

HOME#: _____

CELL#: _____

WORK #: _____

PARENT / GUARDIAN AGREEMENT

I, _____, Parent / Guardian of _____
(parent / guardian's name) (student's name)
will abide by the following conditions for admission:

1. All the information I have provided in the Guidance Educational Academy (GEA) Registration Form is true and correct to the best of my knowledge.
2. I agree to pay \$_____ per payment by 1st of every month until the amount is paid in full.
3. I understand that I must pay full tuition fee even if my child is on leave.
4. I will be responsible for any damage caused to GEA property by my child, and will compensate or replace the damage with or equal value and quality.
5. I agree to follow and respect GEA rules and regulations and explain them to my child who attends GEA. I understand that I am responsible for disciplining my child in case of violation of any GEA rules, in conduct and/or academics. I understand that if any problem occurs, I will completely and fully accept the decision of GEA Administration.
6. I agree to follow and respect the GEA rules and regulations as mentioned in Parent / Student Hand Book.
7. I give GEA Administration the authority to take necessary decisions to ensure my child safety and well being when in their care. I give my child permission to participate in all activities deemed appropriate by GEA.
8. I understand my child will be taken on field trips with my written consent.
9. I understand that the school will take any necessary action during an emergency situation.
10. I indemnify GEA from any legal liability whatsoever.

PARENT / GUARDIAN

SIGNATURE / DATE

ADMINISTRATIVE USE ONLY

ENROLLMENT #: _____

GRADE ENTERING: _____

REGISTRATION DATE: _____
mm / dd / yyyy

REGISTRATION CHECK LIST:

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Health Form	<input type="checkbox"/> Allergy Form	<input type="checkbox"/> Transfer Certificate
<input type="checkbox"/> Payment Plan	<input type="checkbox"/> Parent Student Hand Book	<input type="checkbox"/> Copy of last year's report card	

Personnel _____
Print Name

Signature / Date

ADMINISTRATOR

SIGNATURE DATE