



Al-Hadi School Student Application

Academic Year 2025/2026

Address 5150 Gage Ave Bell, CA 90201

Office Use

Application Date_____ Staff Initials_____

Reg. Fee Pd_____ Form of Pmt_____

Interview Date _____

Testing Date_____

Accepted _____ Declined _____ Date_____

Principal Initials_____

Notification Letter Sent_____ Date_____

Student Information

Student Name:	Date of Birth:	Entering Grade:
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Siblings Attending Al-Hadi School	Date of Birth:	Grade Level:

Siblings <u>not</u> Attending Al- Hadi School	Date of Birth:	Grade Level:

Parent Information

Mother Name		
Work Phone	Cell Phone	E-Mail Address
Place of work		Position
Hobbies/Interests		Educational Level/Background
Home Address:	City:	State: Zip:
Father Name		
Work Phone	Cell Phone	E-Mail Address
Place of work		Position
Hobbies/Interests		Educational Level/Background
Home Address:	City:	State: Zip:

1. I agree to have my child(ren) taught in accordance with Al-Hadi School Statement of Faith and Philosophy of Education.

Yes No

If no, please explain:

2. I have read the Parent-Student Handbook (available on the website or in the Administration Office) and agree to support the policies and procedures of the school.

Yes No

If no, please explain:

3. What do you want your child(ren) to experience at or receive from Al-Hadi School?

4. How do you involve yourself in the education of your children?

5. How do you promote Islamic values in your home?

6. Student Information: Please circle the following.

- a. Has the student ever been referred for testing or placed in a special program? **Yes No**
- b. Has the student received any other special help or tutoring? **Yes No**
- c. Has the student ever repeated a grade for any reason? **Yes No**
- d. Has the student ever been suspended or expelled by a previous school? **Yes No**
- e. Has the student ever been involved in legal problems or been arrested? **Yes No**
- f. Has the student ever seen a counselor/doctor/psychiatrist for any type of social, behavioral, or mental problems? **Yes No**
- g. Has the student ever been examined or treated by a counselor, doctor, or psychiatrist for hyperactivity, attention deficit disorder, dyslexia, autism or other learning disorders, which may affect his/her ability to thrive at Cedar Tree? **Yes No**
- h. Do you suspect or have you been told that your child may have one of the above learning disorders? **Yes No**

7. What are strong points of your child's character? _____

8. What are areas you see as needing growth? _____

For any "Yes" answers to questions listed above, please explain on the back of this sheet or on another piece of paper, as needed.

PARENT SIGNATURE

"We certify that the information provided in this application is correct and have attached the registration fee(s). We agree to faithfully meet our obligations to Al-Hadi School. We have read and do agree to have our children taught in accordance with the Statement of Faith, the Philosophy of Education and the Al-Hadi Student Handbook."

Mother Signature _____

Date _____

Father Signature _____

Date _____

No applicant shall be denied benefit of Al-Hadi School, on the basis of race, color, national or ethnic origin. However, participation be denied if persons unable or unwilling to abide by the standards of Al-Hadi School, the Statement of Faith or Philosophy of Education.