Bismehi-Ta'aalaa

Al-Hadi School

5150 Gage Avenue Bell, CA 90201

Tel: 323-771-9135 ♦ Fax: 323-562-0715 ♦ alhadischool.org

Accredited by: WASC

RE-ENROLLMENT FORM 2026-2027
DEADLINE: FRIDAY, June 12, 2026

This information will be used to keep you informed about details of the new school year and to update your pertinent information.

Student Name(s):	Date of Birth: MM/DD/YYYY	Applying for Grade (2026-2027)
1.		
2.		
3.		
4.		
5.		

Mother's Name:	Father's Name
Mother's Email Address	Father's Email Address

Home Phone Number	Father's Work/Mobile Phone Number	Mother's Work/Mobile Phone Number

Address:
Street:_____ City_____ State_____ Zip Code_____

Failure to re-enroll your child(ren) by may 1st does not guarantee a seat for child(ren)

$200 (Non Refundable) is required by June 12, 2026
in order to reserve a spot for your child for the 2026-2027 school year.

_____ _____

Parent Signature **Date**

OFFICE USE ONLY

Date Form Rec'd.: _____ Amount: $_____ Form of Payment: _____ Initial: _____