Al-Hadi School
5150 Gage Avenue Bell, CA 90201
Ph: 323-771-9135 ♦ alhadischool.org
Accredited by: WASC

Student Application

Academic Year 2026/2027

Office Use

Application Date_____ Staff Initials_____

Annual fee: _____

Tuition fee of _____ _____

Total Amount: _____

Amount Paid: RC No. _____ _____

Balance: _____

Student Information

Student Name:	Date of Birth:	Entering Grade:

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

Parent Information

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

_____

_____

_9. Last school your child attended: _____

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 School 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.