



# *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:

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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:

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

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

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

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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? \_\_\_\_\_

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8. What are areas you see as needing growth? \_\_\_\_\_

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*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.***