



3020 Ligon Street, Raleigh, North Carolina 27607
Telephone: (919) 821-1699, Fax (919) 821-2988
www.alimanschool.org

Summer Camp Application for Admission June 15th – July 17th, 2009

Name of Student: _____
Last First Middle

Address: _____
Street Address City State Zip Code

Telephone Number: (____) _____ E-mail Address (REQUIRED): _____
Area Code

Date of Birth: _____ Place of Birth: _____
Month/Day/Year City State/Country

Names of Parents: _____
Father Mother

Occupation: _____
Father Mother

Work Phone #: _____
Father Mother

Student Lives with: Both Parents Mother Father Others _____

Country of Origin: _____ Citizenship: _____

Medical History

Does the student have any medical problems which the school should be aware of ?

Yes No If yes, explain: _____

Is the student on any type of regular medication?

Yes No If yes, explain: _____

Does the student have any allergies to specific food or medications?

Yes No If yes, explain: _____

Does the student have Health/Medical Insurance ? Yes No
If yes, Company: _____ Policy #: _____ Group #: _____

In the event that a medical emergency arises and you cannot be reached, do you authorize Al-Iman School to undertake the steps necessary for treatment of your child? _____

***I understand that the Summer Camp fee is \$350.00 per student. Fee does not include the cost of field trips. This fee is non-refundable and payment is due in full at the time of registration.**

Parent's Signature: _____ Date: _____