ANNOOR ACADEMY OF CHATTANOOGA



2533 Gunbarrel Road Chattanooga TN. 37421 Phone: 423-894-1637

Fax: 423-894-1638

Operated by Islamic Society of Greater Chattanooga (ISGC)

Returning Student Application 2023-2024

Student's Name:			
	Last	First	Middle
Home Address:			
City	State	Zip Code	Home Phone
Date of Birth:		Place of Birth:	
Social Security No.:		Birth Certificate No	
Student's Gender: M	Iale / Female	Child's Race (White/Asian/Black/Hispan	ic):
Father's Name:	Date of Birth:		:
Address (if different	than students):		
Employer:	Work Phone No.:		
Email Address:	Cell Phone No		
Mother's Name:		Date o	f Birth:
Address (if different	than students):		
Employer:	Work Phone No.:		
Email Address:	Cell Phone No		one No
Guardian's Name (i	f different than Moth	er/Father):	
Address (if different	than students):		
Person to contact in c	case of an emergency	other than parent:	
		Name	Phone No.

Agreement

I understand the rules and policies of Annoor Acader	ny of Chattanooga (AAC) and hereby give my consent to enroll my child. I		
assume full responsibility for payment of all fees (inc	cluding late fees) and regular attendance of my child at the school. I understand		
that the registration fee is nonrefundable. I am willin	g to support the activities of the parent committee and Annoor Academy of		
Chattanooga.	, 11		
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Form completed by:	Date:		
Please Print Name			
Signature:	ture: Relationship to Student:		