



**Iman Academy SE**  
10929 Almeda Genoa  
Houston, TX 77034  
Ph: 713-910-3626

**Iman Academy SW**  
6240 HWY 6 South  
Houston, TX 77083  
Ph: 281-498-1345

## STUDENT DATA SHEET

Enrolled Date	/ /	Grade Level
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Student First Name	Last Name	Social Security Number (Required)		
Home Address Street	City	State	Zip Code	Home Ph.
Date Of Birth	Place Of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male		
Ethnicity (Optional)	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic		
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Other-Specify _____	

Father/Guardian First Name	Father/Guardian Last Name	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian
Home Address (If Different From Above)	City	State	Zip Code
Home Ph.	Work Ph.	Cell/Pager Ph.	

Mother/Guardian First Name	Mother/Guardian Last Name	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian
Home Address (If Different From Above)	City	State	Zip Code
Home Ph.	Work Ph.	Cell/Pager Ph.	

Previous School Name	Complete Address: Street/City/State/Zip Code	Telephone No.
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## MEDICAL INFORMATION

Physician Full Name	Complete Address: Street/City/State/Zip Code	Telephone No.
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Allergies/Disabilities/Chronic Health Problems:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please explain below
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