

ICL – NAQ Hifz Program
5099 West Dobbins Road
Laveen, AZ 85339
602-237-2666

Registration Form

Student Information

Student Name: _____
Last Name, First Name, M.I. Student ID Number

Home Address: _____
Street Address City State Zip

Home Phone: _____ Cell Phone: _____

E-mail Address: _____
For Confirmation/Reminder

Contact Information

Parent Name: _____
Last Name, First Name, M.I.

Home Phone: _____ Work/Cell Phone: _____

Emergency Contact Name: _____ Relationship to Student: _____

Emergency Phone: _____ Alternate Phone: _____

Medical Information

Does your child have a life-threatening health condition? ☐ Yes ☐ No
If yes, please explain: _____

Does your child need medication at school? ☐ Yes ☐ No
If yes, please explain: _____

Does your child have any other medical issues of which we need to be aware? ☐ Yes ☐ No
If yes, please explain: _____

Note: Parent/Guardian are responsible for providing the required medication to designated program staff on the first day of school. It is also parent/guardian's responsibility to fill out the ICL NAQ School Authorization form for Food Items, Allergies, and Technology Items/Photo Permission in order to have ICL Educational Services fully utilized. For questions/concerns, please contact NAQ School Administration.