



Muhammad University of Islam: Pre-Enrollment Application

This application identifies your interest in your child attending Muhammad University of Islam. Please print clearly and submit to the email address indicated below.

Student Name: _____

Date of Birth: _____ Current Age: _____ Current Grade: _____

Ethnicity: _____

Current School: _____ Phone: _____

School Address: _____

Parent Name: (M) _____ (F) _____

Address: _____

Phone Number: _____

Email Address: _____

Religious Affiliation (Muslim, Christian, etc.): _____

How would you describe your child's current academic performance? (1st-12th graders)
Excellent(A) Good (B) Satisfactory(C) Unsatisfactory (D/F)

Does your child have an IEP at his previous/current school? YES | NO

Has your child been staffed or considered for staffing? YES | NO

Does your child have a condition (physical or mental) that requires specialized services (i.e. major accident, injuries, major surgery, etc.)? YES | NO

Please explain: _____

Where did you hear about Muhammad University of Islam?

Why are you interested in your child attending Muhammad University of Islam? If your child is returning, why have you decided for your child to return to M.U.I.?

Parent Signature: _____

Date: _____

Providing false information may result in student being declined or ineligible for enrollment at M.U.I

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