(For office use only)	_____Birth Certificate
Received Date_____	_____Immunization Records
Interview Date_____ **Interviewed By:**_____	_____Proof of Address
Application Complete:_____	

Iftiin Knowledge Academy (IKA)

Student Application for IKA School Year: 2025-2026

Please clearly PRINT all information!

Please be reminded that any false documentation placed on this application will lead to your child's dismissal from Iftiin Knowledge Academy.

STUDENT FULL NAME: (**as it appears on birth certificate**)

First:_____ Middle:_____ Last: _____

Date of Birth (Month/Day/Year):_____Social Security#:_____

Grade level applying for: (circle one) **K, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th.**

Street Address:_____ Apartment #:_____

City & State Zip:_____

Ethnicity (Race):_____ Gender: Female_____ Male _____

PARENT INFORMATION

Mother's First Name:_____ Last:_____

Home Phone: _____Work Phone:_____ Cell Phone:_____

E-mail: (mother) _____

Father's First Name: _____ Last: _____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

E-mail: (father) _____

STUDENT INFORMATION

Last Schools(s) Attended:_____

Does the student have a sibling(s) who currently attends Iftiin Knowledge Academy?

Yes__ No__ If yes, name/grade of sibling(s)?_____

IFTIIN KNOWLEDGE ACADEMY
2805 Foster Ave, suite 206
Nashville, TN 37210
Phone: 615-512-7593
Fax: 615-577-8018

REQUEST FOR RECORDS FOR:

Student Name: _____D.O.B._____

The above student has enrolled in IFTIIN KNOWLEDGE ACADEMY

in the _____grade.

Please send his/her records as soon as possible.

Thank you for your assistance.

I give permission to release all school records for this student including medical records, achievement testing scores, special education forms, psychological evaluations, disciplinary records, and a complete copy of the cumulative folder.

_____	_____	_____
Name of Parent or Guardian	**Signature of Parent or Guardian**	**Date**
_____	_____	_____
Name of School Director	**Signature of School Director**	**Date**