

# Al-Aqsa Islamic Academy

1501 N. Germantown Ave. Phila. PA 19122 Phone: 215-765-6660 Fax: 215-765-6640

## Registration Form

### Section 1: Student Information:

Student's Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Date \_\_\_\_\_  
Going to Grade \_\_\_\_\_

Also Known As: Last \_\_\_\_\_ First \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex: M/F \_\_\_\_ S.S.N# \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

### Section II: Family Information

Parent/Guardian Name: \_\_\_\_\_

Home # ( ) \_\_\_\_\_ - \_\_\_\_\_ Cellular #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Employer Name: \_\_\_\_\_ Profession: \_\_\_\_\_

Work #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Siblings Name: \_\_\_\_\_ School Attending: \_\_\_\_\_

Siblings Name: \_\_\_\_\_ School Attending: \_\_\_\_\_

Siblings Name: \_\_\_\_\_ School Attending: \_\_\_\_\_

### Section III: Health

**A physical examination completed within 30 days of the first day of school. Please submit a copy to the school.**

**Students will not be able to attend school without current immunizations.**

Does your child have medical problems or allergies of any kind that the school must know about?

Yes  No If yes please list: \_\_\_\_\_

Are there any medications taken on a regular basis?  Yes  No

If yes please list them here: \_\_\_\_\_

### Section IV: Transportation:

Please check the means of transportation your child will be using:  Public School Bus  Septa

Parent Pick-Up  Walking  Private Van Service

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## Annual Tuition and Fees Payment Plans 2016-2017 (Subject to change every year)

Annual Tuition		Documents Needed For Registration
Kindergarten	\$ 3,880.00	\$200
Elementary School Grades: 1 <sup>st</sup> thru 5 <sup>th</sup>	\$ 3,880.00	Birth Certificate Social Security Card Report Card
Middle School Grades: 6 <sup>th</sup> thru 8 <sup>th</sup>	\$ 3,880.00	Shot Records Completed Physical Form Completed Dental Form
High School Grades: 9 <sup>th</sup> thru 11 <sup>th</sup>	\$ 3,880.00	

### Additional Fees

*Use of Text Book Fee \$100 ===== Kg -11<sup>th</sup> grades for Supplies and textbook use*  
*Annual Registration Fee \$100 Registration Fee Non-Refundable*

### Sibling Discount

20% for the 2<sup>nd</sup> child in the household  
 25% for the 3<sup>rd</sup> child in the household  
 30% for the 4<sup>th</sup> child in the household

**Nine Installments: First payment is a double payment (non-refundable), due on August 26, 2016.**  
**Each subsequent payment is to be made on the first of each month, from October 2016 to May 2017.**  
**Child will not be allowed in class without first payment.**

### Worksheet Elementary Grades

Child/ren Name	Gd	Price	You Pay A Month	Payments	Family/Student No. _____ Parent Payment Plan			Parent/ Guardian Signature
					Date	Amount Paid	Balance	
Total # of children ___				8x ___ = ___				
1.		1 <sup>st</sup> 388	\$776	<b>1<sup>st</sup> payment</b>				
2.		2 <sup>nd</sup> 310	\$698	October				
3.		3 <sup>rd</sup> 290	\$988	November				
4.		4 <sup>th</sup> 270	\$1258	December				
5.		5 <sup>th</sup> 270	\$1528	January				
6.		6 <sup>th</sup> 270	\$1798	February				
7.		7 <sup>th</sup> 270	\$2068	March				
8.		8 <sup>th</sup> 270	\$2338	April				
9.		9 <sup>th</sup> 270	\$2608	May				

**Worksheet High School Grades**

Child/ren Name	Gd	Price	You Pay A Month	Payments	Family/Student No. _____ Parent Payment Plan			Parent/Guardian Signature
					Total # of children ___	Date	Amount Paid	
1.		1 <sup>st</sup> 388	\$776	<i>1<sup>st</sup> Payment Double Payment</i>				
2.		2 <sup>nd</sup> 310	\$698	October				
3.		3 <sup>rd</sup> 290	\$988	November				
4.		4 <sup>th</sup> 270	\$1258	December				
5.		5 <sup>th</sup> 270	\$1528	January				
6.		6 <sup>th</sup> 270	\$1798	February				
7.		7 <sup>th</sup> 270	\$2068	March				
8.		8 <sup>th</sup> 270	\$2338	April				
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## *Pick up Policy and Authorization Form*

I \_\_\_\_\_ of \_\_\_\_\_  
Parent/Guardian Student Name Grade

give my permission to the following people to pick up my child(ren) from Al-Aqsa Islamic Academy.

1. \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
Name Relationship Phone Number
2. \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
Name Relationship Phone Number
3. \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
Name Relationship Phone Number

Parent's/Guardian's signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**If any of the above phone #s have changed, please inform us immediately in order to keep your file up-date.**

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## *Photo Form*

Al-Aqsa Islamic Academy will take a collective photo every year and also may videotape the students or take their pictures for educational, documentary, or advertising purposes. Please check one of the following boxes and sign and return this form to the school.

Yes, I do give the school my permission to take my child's picture or videotape him/her in the course of any school activities.

No, I do not give the school m permission to take my child's picture or videotape him/her in the course of any school activities.

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

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## *Request for Release of Records*

I \_\_\_\_\_ of \_\_\_\_\_  
Parent/Guardian Name Student Name

Authorize \_\_\_\_\_ to release all academic transcripts, health records, and all other related files to Al-Aqsa Islamic Academy at the above address.

Last Grade level your child attended: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ PA: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_


# Commitment to Al Aqsa Islamic Academy

I, \_\_\_\_\_ (Parent/guardian) of the following child(ren) \_\_\_\_\_ agree to the following rules and regulations of Al-Aqsa Islamic Academy:

1. My spouse or I will attend all parent-teacher conferences (report card distributions).
2. We will pay the tuition and fees on time and understand that there is a late fee, which will be paid as well.
3. If fees are unpaid after two months I understand that we will be responsible for the costs of a collection agency, associated court costs and lawyer costs.
4. We will purchase the uniform for my child(ren) from Cramers except for girls over garment,. Uniforms are described in the Parent-Student Handbook.
5. Uniforms must be worn the right way. If your child receives three pink slip for being out of uniform that will result in suspension. **Sneakers are not allowed.**
6. I understand that lateness of my child(ren) is to be avoided if possible and that 3 days of lateness equals one day of absence. 15 days of absences will equal possible retention in the grade.
7. Arabic, Quran and Islamic Studies are major subjects and flunking them will mean retention in the grade for the students.
8. Lastly, we agree that my child(ren) will follow the rules and regulations outlined in the Parent-Student handbook which do not allow for bad language, use of electronics in the school, poor masjid behavior, gum chewing, etc. Fighting will mean expulsion.
9. **Mandatory: children in the upper school not finishing their work are required to attend study hall from 3:30-4:30 p.m.**

We understand that the tuition and fees paid by the children do not pay more than ½ of the expenses of the school and we are all grateful to the Al-Aqsa Community for the rest of the monies.

\_\_\_\_\_  
\_\_\_\_\_ (Parents)

\_\_\_\_\_  
\_\_\_\_\_ (Date)



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## Our Payment Policy

Payment is by the 5th of the month. If payment is made after the 5th of the month there will be a \$25 late fee. If any check is returned there will be a \$30 return fee plus late fee for any returned checks. Also we have the right to withhold any report card for nonpayment of tuition

Parent, \_\_\_\_\_

Date, \_\_\_\_\_

## **Emergency Contact and Medical Authorization**

I, \_\_\_\_\_, authorize any employment staff of Al-Aqsa  
Parent/Guardian  
Islamic Academy to take my child, \_\_\_\_\_, to the nearest  
Student  
hospital for emergency medical treatment. I agree to hold Al-Aqsa Islamic Academy harmless for any unforeseen accident in the school or on the school grounds. I also authorize, if I cannot be reached the below list to take my child home in the case of a non-emergency, illness at school.

### **Emergency Contact**

1. \_\_\_\_\_  
Name Relationship Telephone
  
2. \_\_\_\_\_  
Name Relationship Telephone
  
3. \_\_\_\_\_  
Name Relationship Telephone

### **Medical Information**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Policy No. \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date