

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

Al-Aqsa Islamic Academy

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

Annual Tuition and Fees Payment Plans 2017-2018 (Subject to change every year)

Annual Tuition		Documents Needed For Registration
Kindergarten	\$ 3,950.00	\$200
Elementary School Grades: 1 st thru 5 th	\$ 3,950.00	Birth Certificate Social Security Card Report Card
Middle School Grades: 6 th thru 8 th	\$ 3,950.00	Shot Records Completed Physical Form Completed Dental Form
High School Grades: 9 th thru 11 th	\$ 3,950.00	

Additional Fees

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

Sibling Discount

20% for the 2nd child in the household
 25% for the 3rd child in the household
 30% for the 4th child in the household

Nine Installments: First payment is a double payment (non-refundable), due on August 25, 2017.
Each subsequent payment is to be made on the first of each month, from October 2017 to May 2018.
Child will not be allowed in class without first payment.

Worksheet Elementary Grades

Child/ren Name	GR	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 st 395	\$790	1st payment				
2.		2 nd 315	\$710	October				
3.		3 rd 295	\$1005	November				
4.		4 th 275	\$1280	December				
5.		5 th 275	\$1555	January				
6.		6 th 275	\$1830	February				
7.		7 th 275	\$2105	March				
8.		8 th 275	\$2380	April				
9.		9 th 275	\$2655	May				

Worksheet High School 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 st 395	\$790	<i>1st Payment Double Payment</i>				
2.		2 nd 315	\$710	October				
3.		3 rd 295	\$1005	November				
4.		4 th 295	\$1280	December				
5.		5 th 295	\$1555	January				
6.		6 th 295	\$1830	February				
7.		7 th 295	\$2105	March				
8.		8 th 295	\$2380	April				
9.		9 th 295	\$2655	May				

Al-Aqsa Islamic Academy

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

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.

Al-Aqsa Islamic Academy

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

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 ___/___/___

Al-Aqsa Islamic Academy

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

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 slips 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 3:30-4:00 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)

Al-Aqsa Islamic Academy

1501 N. Germantown Avenue

Philadelphia PA 19122

Phone: 215-765-6660 Fax: 215-765-6640

Our Payment Policy

Payment is due by the 5th of every 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. **We have the right to with hold any report card for nonpayment of tuition. Also if your payment is not up to date your child will not be permitted to attend classes, therefore they will be removed from class.**

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