

# 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 2019-2020 (Subject to change every year)

<u>Annual Tuition</u>		<u>Documents Needed For Registration</u>
Kindergarten	\$ 4,000.00	\$200
Elementary School Grades: 1 <sup>st</sup> thru 5 <sup>th</sup>	\$ 4,000.00	Birth Certificate Social Security Card Report Card
Middle School Grades: 6 <sup>th</sup> thru 8 <sup>th</sup>	\$ 4,000.00	Shot Records Completed Physical Form Completed Dental Form
High School Grades: 9 <sup>th</sup> thru 11 <sup>th</sup>	\$ 2,500.00	

**Additional Fees**

**Use of Text Book Fee \$100 ===== Kg -12<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 (NONREFUNDABLE), due on August 23, 2019. Each subsequent payment is to be made on the first of each month, from October 2019 to May 2020. 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 <sup>st</sup> 400	\$400	1 <sup>st</sup> payment due in August				
2.		2 <sup>nd</sup> 320	\$720	October				
3.		3 <sup>rd</sup> 300	\$1020	November				
4.		4 <sup>th</sup> 280	\$1300	December				
5.		5 <sup>th</sup> 280	\$1580	January				
6.		6 <sup>th</sup> 280	\$1860	February				
7.		7 <sup>th</sup> 280	\$2140	March				
8.		8 <sup>th</sup> 280	\$2420	April				
9.		9 <sup>th</sup> 280	\$2700	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 <sup>st</sup> 250	\$250	1 <sup>st</sup> Payment Double Payment				
2.		2 <sup>nd</sup> 250	\$500	October				
3.		3 <sup>rd</sup> 250	\$750	November				
4.		4 <sup>th</sup> 250	\$1,000	December				
5.		5 <sup>th</sup> 250	\$1,250	January				
6.		6 <sup>th</sup> 250	\$1,500	February				
7.		7 <sup>th</sup> 250	\$2,000	March				
8.		8 <sup>th</sup> 250	\$2,250	April				
9.		9 <sup>th</sup> 250	\$2,500	May				

Warrenhear High School  
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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 change at any time, please inform us immediately in order to keep your file up-date.**

Parent/Teacher/Student

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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 \_\_\_\_/\_\_\_\_/\_\_\_\_

# *Al-Aqsa Islamic Academy*

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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 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*

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Philadelphia PA 19122

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## 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



# THE SCHOOL DISTRICT OF PHILADELPHIA

## Student Emergency /Medical Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 School: \_\_\_\_\_ Room/Sec: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Mother: \_\_\_\_\_ email: \_\_\_\_\_ phone: \_\_\_\_\_  
 Father: \_\_\_\_\_ email: \_\_\_\_\_ phone: \_\_\_\_\_  
 Guardian: \_\_\_\_\_ email: \_\_\_\_\_ phone: \_\_\_\_\_

**Emergency contacts (other than parents) must be local and available for contact:**

Name and Relationship to child	Phone
1. _____	_____
2. _____	_____

Childs Doctor/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_  
**Medical Insurance:** MA \_\_\_ CHIP \_\_\_ Private \_\_\_  
 Insurance company name: \_\_\_\_\_ Policy Number \_\_\_\_\_

<p><b>Please circle below to give permission to the school nurse to give your child medication.</b></p> <table border="1"> <tr> <td>Acetaminophen (Tylenol)</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Ibuprofen (Advil, Motrin)</td> <td>YES</td> <td>NO</td> </tr> </table>	Acetaminophen (Tylenol)	YES	NO	Ibuprofen (Advil, Motrin)	YES	NO	<p>Please <b>CIRCLE</b> the following if your child:</p> <p>Wears: Glasses      Hearing aid          Has: Seizures    Diabetes    Asthma    ADHD  <b>List Allergies:</b> Food substitution requires a new order yearly from a health care provider: _____          _____  <b>Other Health Problems:</b> _____          _____          _____</p>
	Acetaminophen (Tylenol)	YES	NO				
Ibuprofen (Advil, Motrin)	YES	NO					

**Does your child take medication? \_\_\_ NO \_\_\_ YES (please list)**

Medication	Dose	Frequency/Time	Reason

Your signature gives permission for emergency treatment; as well as for SDP School Nurses to administer medications you indicate on this emergency form, during school hours, on field trips and after school activities. I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care.

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

THE SCHOOL DISTRICT OF PHILADELPHIA  
SCHOOL HEALTH SERVICES  
REPORT OF PHYSICAL EXAMINATION

Name of Student	Date of Birth	Student ID #	Grade
Name of School	Room/Section/Book	Date Issued	

**TO THE CARE PROVIDER (Please complete all items)**

Pennsylvania law requires that students attending school in the state be immunized and receive periodic medical examinations. Payment for these examinations is the responsibility of the parent/guardian. THESE IMMUNIZATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE.

## RECORD OF VACCINE ADMINISTRATION

*Please attach complete immunization record including serology results if available.*

Allergies \_\_\_\_\_  Date of last PPD \_\_\_\_\_ Result \_\_\_\_\_ mm

Does this student have health insurance?  Yes  No Name of Insurance Provider: \_\_\_\_\_

### RECORD THE FOLLOWING

1.	Visual Acuity:	Without Glasses: R _____ L _____	With Glasses: R _____ L _____
2.	Audiometric Screening:	R _____ L _____	3. BP _____
4.	Height _____ inches / cm	Weight _____ lb. / kg	BMI percentile _____
5.	Scoliosis Screening:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Referred <input type="checkbox"/> No Referral
6.	Activity Recommendation:	<input type="checkbox"/> Full Physical Activity	<input type="checkbox"/> Restricted Physical Activity <small>(Must Complete Phys. Ed. Medical Exemption/Program Modification Form MEH-23)</small>
Specify Restrictions: _____			
7.	List all medications currently being taken:		
Medication: _____		Reason: _____	
8.	List ALL problems by history or examination:		Circle status of problem
1.	_____	Under Care	Care Complete Referred
2.	_____	Under Care	Care Complete Referred
3.	_____	Under Care	Care Complete Referred
<input type="checkbox"/> No Problems Identified			

Comments / follow-up treatment plan / Special instructions to school:

Signature of Care Provider (REQUIRED)	Telephone Fax	Care Provider office stamp (REQUIRED)
Address	Date of Exam	

10/15/07

THE SCHOOL DISTRICT OF PHILADELPHIA  
REPORT OF PRIVATE DENTAL EXAMINATION

Name of School	Student ID	Date Issued	
Name of Student	Date of Birth	Room/Section/Book	Grade

**TO THE DENTIST**

Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (upon original entry, while in third grade, and while in seventh grade). These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian. If the student/family does not have health insurance the school nurse will help the family apply for health insurance. Please attach a copy of the student's dental examination or record the data below. Thank you for your cooperation.

<b>Under Treatment/Work Begun</b>	<b>Completion of Work/No Treatment Necessary</b>
Date work Begun	<input type="checkbox"/> No Treatment Required now
Scheduled Follow-up Appointments	<input type="checkbox"/> All Necessary Dental Work Completed
Date of Dental Examination	Expected Completion Date

Comments/follow - up treatment/Special Instructions to School

Name of Dentist	Telephone
Signature of Dentist	Date Signed
Address	Fax Number

**IMPORTANT:**  
Return this form to:

Certified School Nurse/Practitioner  
Al Arora  
 School  
1501 N. Germantown Ave  
 School Address 19122  
 Phone Number 215-765-6000