

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 2020-2021 (Subject to change every year)

Annual Tuition		Documents Needed For Registration
Kindergarten	\$ 4,500.00	\$200
Elementary School Grades: 1 st thru 5 th	\$ 4,500.00	Birth Certificate Social Security Card Report Card
Middle School Grades: 6 th thru 8 th	\$ 4,500.00	Shot Records Completed Physical Form Completed Dental Form
High School Grades: 9 th thru 12 th	\$ 4,500.00	

Additional Fees

Use of Text Book Fee \$100 ===== Kg -12th 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 (NONREFUNDABLE), due on August 24, 2020. Each subsequent payment is to be made on the first of each month, from October 2020 to May 2021. 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 450	\$900	1 st payment double pay due on August 24				
2.		2 nd 360	\$810	October				
3.		3 rd 340	\$1150	November				
4.		4 th 320	\$1470	December				
5.		5 th 320	\$1790	January				
6.		6 th 320	\$2110	February				
7.		7 th 320	\$2430	March				
8.		8 th 320	\$2750	April				
9.		9 th 320	\$3070	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 st 450	\$900	1 st Payment Double Payment				
2.		2 nd 360	\$810	October				
3.		3 rd 340	\$1150	November				
4.		4 th 320	\$1470	December				
5.		5 th 320	\$1790	January				
6.		6 th 320	\$2110	February				
7.		7 th 320	\$2430	March				
8.		8 th 320	\$2750	April				
9.		9 th 320	\$3070	May				

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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.

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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 my 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 ____/____/____

Parent's Signature: _____

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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

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



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>Please circle below to give permission to the school nurse to give your child medication.</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 CIRCLE the following if your child:</p> <p>Wears: Glasses Hearing aid Has: Seizures Diabetes Asthma ADHD List Allergies: Food substitution requires a new order yearly from a health care provider: _____ _____ Other Health Problems: _____ _____ _____</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 <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1. _____</td> <td style="width: 10%;">Under Care</td> <td style="width: 15%;">Care Complete</td> <td style="width: 15%;">Referred</td> </tr> <tr> <td>2. _____</td> <td>Under Care</td> <td>Care Complete</td> <td>Referred</td> </tr> <tr> <td>3. _____</td> <td>Under Care</td> <td>Care Complete</td> <td>Referred</td> </tr> </table> <input type="checkbox"/> No Problems Identified	1. _____	Under Care	Care Complete	Referred	2. _____	Under Care	Care Complete	Referred	3. _____	Under Care	Care Complete	Referred
1. _____	Under Care	Care Complete	Referred										
2. _____	Under Care	Care Complete	Referred										
3. _____	Under Care	Care Complete	Referred										

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

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

**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.

Under Treatment/Work Begun	Completion of Work/No Treatment Necessary
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 Azeez
 School
1501 N. Germantown Pike
 School Address 19122
 Phone Number 215-765-6500