

# *Al-Aqsa Islamic Academy*

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

## ENROLLMENT FORM FOR SCHOOL YEAR SEPTEMBER 2022 TO JUNE 2023

STUDENT INFORMATION			
STUDENT NAME (last, first, middle – as on Social Security Card)	GRADE AS OF SEPT 2022	DATE OF BIRTH	GENDER
PRIMARY HOME ADDRESS		HOME PHONE	
STUDENT EMAIL ADDRESS			
SOCIAL SECURITY NUMBER	STUDENT'S PREFERRED NAME	STUDENT'S PHONE	
STUDENT SIBLINGS			
NAME:	DATE OF BIRTH:	SCHOOL ATTENDING:	
NAME:	DATE OF BIRTH:	SCHOOL ATTENDING:	
NAME:	DATE OF BIRTH:	SCHOOL ATTENDING:	
FAMILY INFORMATION ( <input type="checkbox"/> Check here if home address & phone is same for both parents)			
PARENT NAME:	RELATIONSHIP TO STUDENT	PARENT NAME:	RELATIONSHIP TO STUDENT
HOME ADDRESS		HOME ADDRESS	
HOME PHONE		HOME PHONE	
PARENT EMAIL		PARENT EMAIL	
CELL		CELL	
EMPLOYER		EMPLOYER	
OCCUPATION		OCCUPATION	
WORK PHONE		WORK PHONE	

Emergency Contact: Who should we contact in case of an Emergency (Other than parent)

- |    |      |              |           |
|----|------|--------------|-----------|
| 1. | Name | Relationship | Telephone |
| 2. | Name | Relationship | Telephone |
| 3. | Name | Relationship | Telephone |

**STUDENT LIVES WITH (check all/any that apply):**

- MOTHER       FATHER & STEPMOTHER       MATERNAL GRANDPARENT (specify name):  
 FATHER       MOTHER & STEPFATHER       PATERNAL GRANDPARENT (specify name):  
 FATHER & MOTHER       CO-PARENT (specify name):  
 OTHER (specify name and relationship to student):

**DESCRIPTION OF SPECIAL LIVING SITUATIONS**

The following information helps us to be more accurate in our communications with you. Please check all that apply to your child.

- PARENTS MARRIED       PARENTS DIVORCED       MOTHER HAS CUSTODY       MOTHER DECEASED  
 SINGLE PARENT       PARENTS SEPARATED       FATHER HAS CUSTODY       FATHER DECEASED  
 JOINT CUSTODY       OTHER (please explain):

**Annual Tuition****Needed Documents for registration**

New Student Registration Fee: \$400

 Registration Fee

Returning Student Registration Fee: \$300

- Birth Certificate  
 Social security card

Kindergarten to 12th Grade:

\$4700 for the 1<sup>st</sup> child **in the household**  
 \$3800 for the 2<sup>nd</sup> child **in the household**  
 \$3600 for the 3<sup>rd</sup> child **in the household**  
 \$3400 for the 4<sup>th</sup> child **in the household**

- Report Card  
 Shot records  
 Physical Form  
 Dental Form

**Payment Policy**

- I agree that my child will not be enrolled unless I pay the registration fee and bring all the documents  
 I agree that I will pay my tuition all at once or in 9 monthly installments  
 I agree that the 1st payment will be a double payment and due before the start of school  
 I agree I will pay before every 5th of the month starting in October and ending in May  
 I agree to a \$25 late fee if I am late on my payments

**Who is authorized to pick up your child**

Name:	Relation
Name:	Relation:
Name:	Relation:

**Race (Check all that apply)**

For statistical purposes, your family identifies as: Please check all that apply.

- AFRICAN AMERICAN, BLACK       NATIVE AMERICAN OR ALASKA NATIVE  
 ASIAN AMERICAN       NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER AMERICAN  
 HISPANIC AMERICAN OR LATINO       WHITE, EUROPEAN AMERICAN  
 MIDDLE EASTERN AMERICAN  
 MULTIRACIAL AMERICAN  
 OTHER \_\_\_\_\_       INTERNATIONAL

Primary language, if other than English:

## Medical Authorization

I, \_\_\_\_\_, authorize any staff member of Al-Aqsa Islamic Academy to take my  
( Parent/Guardian)

child, \_\_\_\_\_, to the nearest hospital for emergency medical treatment. I agree to hold  
(Student)

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 emergency contacts to take my child home in the case of a non-emergency illness at school.

## Medical Information

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

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

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

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

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

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

\_\_\_\_\_  
Date

## Health Information

Allergies:  YES  NO

List:

Medications  YES  NO

List:

## Photo Permission:

I understand Al-Aqsa Islamic Academy staff will take photos throughout the year and also may film the students for educational, documentary, or advertising the school.

I understand Al-Aqsa Islamic Academy staff might put these pictures and videos on the website and social media.

## Commitment to Al Aqsa Islamic Academy:

I agree to the following rules and regulations of Al-Aqsa Islamic Academy

- I understand that I must check Jupiter regularly to review my child's progress. I will also attend all parent-teacher conferences (Report Card distributions).
- I understand I must pay the tuition and fees on time and understand that there is a late fee.
- If fees are unpaid, I understand that we will be responsible for the costs of a collection agency, associated court costs, and lawyer costs.
- I will purchase the uniform for my child(ren) from the school. Uniforms are described in the School Handbook. Uniforms must be worn from the first day of school and every day.
- I understand if my child is not wearing the school uniform they will not be permitted in the classroom.
- I understand I must buy my child's gym uniform from the school for them to wear on gym days.
- I understand that lateness of my child(ren) is to be avoided and that 3 days of lateness equals one day of absence. 15 days of unexcused absences will equal retention in the grade.
- I understand Arabic, Quran, and Islamic Studies are major subjects and failing them will mean retention in the grade for the student.
- I understand my child must always behave with Islamic morals and manners.
- My child must be respectful to all staff, teachers, and students
- I understand I must pick up my child at dismissal time and if I am late there will be a charge.
- I understand my child is not permitted to use any electronic devices including phones, Airpods, and Apple watches during school hours.
- I understand that we must abide by all Al-Aqsa codes, rules, guidelines, and procedures as stated in the School Handbook.
- I understand if any information changes, I must let the school know as soon as possible.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### Transportation

- Public School Bus     Septa     Parent Pick-Up     Walking     Other \_\_\_\_\_

**Best way we can contact you:**  Check all that apply

- Jupiter     Email     phone number

**Are you available to volunteer**

- Yes     No

SIGNATURE

DATE