

Student Admission Application Annoor Academy of Fort Smith 2017-2018

P.O. Box 3646
Fort Smith, AR 72913, USA
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www.annoor.us

Instructions: Print clearly in black blue ink or type. Answer all questions. Sign and date the form.

Admissions Policy

Each family must submit a non-refundable Early bird enrollment fee of \$200.00 by April 1st, 2017 for each student. The enrollment fee after April 1st, 2017 is \$250.00 per child.

Admissions Criteria:

- 1) Acceptance and commitment to the mission statement.
- 2) Academic history based on previous school records (if applicable).
- 3) Successful completion of admissions test (if applicable).
- 4) Evidence of a history of positive school behavior.
- 5) Approval based on interview conducted by the Principal.
- 6) Student must be 2 ½ years old by August 1st of upcoming academic year.
- 7) 100% bathroom trained.

Admissions priority will be given based on the following criteria:

- 1) Having a parent who is a staff member.
- 2) Having a sibling that is currently enrolled (must not have an outstanding balance).
- 3) Date of application.

Mission Statement

Annoor Academy is a full -time, Islamic school established for the sake of **Allah** (SWT) to provide an Islamic educational environment. This educational choice strives to provide the highest academic standards in all subjects with a special focus on the Qur'an and Sunnah of **Prophet Muhammad** (SAW). Annoor Academy's mission is to graduate a generation of Muslims who:

- Have a solid understanding of Tawheed (oneness of the Creator),
- Have a strong Islamic moral character,
- Have leadership skills and Taqwa (piety),
- Have a strong sense of responsibility and realize that Islam is a way of life,
- Interact with community and global issues with an Islamic frame of mind, and
- Are academically equipped to succeed and excel in an increasingly competitive and challenging world.

****Annoor Academy is an equal opportunity that does not discriminate on the basis of race, color, national origin, sex, disability, or age.**

STUDENT'S Information

Today's date: _____

First Name	Middle Name	Last Name
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Birth Date (month/day/year) Male/Female	Social Security Number
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Home phone number (including area code)

Home Address	City	State	Zip
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Last school attended/current school code)	Phone Number of school (including area code)
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Address of last school attended/current school	City	State	Zip
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- Circle the grade level at which the student is expected to enroll:

Pre-K 2 ½ years Pre-K 3 Pre-K 4 K 1 2 3 4 5 6 7 8 9 10

- What language is spoken most frequently at home? _____
- Has the student ever been subject to major disciplinary action (suspension, dismissal, probation)?

Please explain

- Has the student been under any continuing care for any physical or emotional difficulty?

Please explain

FATHER'S Information

First Name	Middle Name	Last Name
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Home phone number (including area code)	Cell phone number
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Home Address	City	State	Zip
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E-mail address	Work phone number
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Employer	Employer's address
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MOTHER'S Information

First Name	Middle Name	Last Name	
Home phone number (including area code)		Cell phone number	
Home Address	City	State	Zip
E-mail	Work phone number		
Employer	Employer's address		

LEGAL GUARDIAN'S Information (if applicable)

First Name	Middle Name	Last Name	
Home phone number (including area code)		E-mail address	
Home Address	City	State	Zip
Cell phone number	Work phone number		
Employer	Employer's address		

PICK-UP contacts

- Name _____ Relationship _____
Daytime Phone _____ Cell Phone _____
- Name _____ Relationship _____
Daytime Phone _____ Cell Phone _____
- Name _____ Relationship _____

EMERGENCY contacts (Other than parents)

- Name _____ Relationship _____
Daytime Phone _____ Cell Phone _____
- Name _____ Relationship _____
Daytime Phone _____ Cell Phone _____
- Name _____ Relationship _____
Daytime Phone _____ Cell Phone _____

IN CASE OF ACCIDENTS:

- Call ambulance: YES NO
- Which hospital should the student be transported to: _____ Sparks Regional Medical Center
_____ St. Edward's Mercy Hospital

Student EMERGENCY Information

Medical Information - Please answer **YES** or **NO** in each section.

Medications	Limited activity	Hearing problems	Seizures	Vision problems	Contact lens	ADHD
Heart problems	Diabetes	Asthma	Allergies to medication	Allergies to bee stings	Allergies to food	Other

- Has this student ever had psychological testing or been screened for academic difficulties or learning disabilities? YES_____ NO_____

If YES, would the results be made available to Annoor Academy? YES_____ NO_____

- Is there any other medical information that Annoor Academy should be aware of?

- Family physician_____ Phone_____

- Family dentist_____ Phone_____

Circle either do or don't:

I (**do / do not**) give permission to administer acetaminophen' I understand that I will be notified if the medication has been administered'

I do give consent for my child to receive or medical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parent cannot be reached. I also give consent to transport my child for emergency medical treatment if the parent cannot be reached.

I understand that I must provide a current copy of my child's immunization record within 15 days of enrollment.

I have been informed that my child may be subject to interviews by DHS licensing staff, child maltreatment investigators, and/or law enforcement glacial for the purposed of determining licensing compliance or for investigative purposes and that child interviews do not require parental notice or consent.

I understand that licensing compliance forms are available for review upon requirement. If my child is 3 or 4 years old, I have been given a copy of "Getting Ready for Kindergartens calendar' I understand that no physical punishment shall be administered to children. I understand that time-out will not exceed my child's age (e.g., no more than three minutes for a three-year old), and that. Only redirection (not time-out) will be used for children under the age of two.

I understand that I may ask for a conference with the caregiver as needed.

Comments: _____

Signature of Parent/Guardian _____

STUDENT'S TUITION & FINANCIAL AGREEMENT

First Name of Parent/ Guardian responsible for tuition **Middle Name** **Last Name**

Home phone number (including area code) E-mail address

Home Address City State Zip

Cell phone number Work phone number

Name of siblings attending Annoor Academy

1. Name _____ Grade _____
2. Name _____ Grade _____
3. Name _____ Grade _____
4. Name _____ Grade _____
5. Name: _____ Grade _____

ANNUAL TUITION INFORMATION

7:30 AM – 3:35 PM

Tuition paid full or in 10 months (3% off if full tuition paid on first day of school)

Pre-K 2 ½ (30 months) and 3 years old (100% bathroom trained)

Half Day 7:30AM- 11:30AM	Full Day 7:30AM- 3:35Am
\$2,875.00	\$5,750.00

Prek-4yr. old through 2nd Grade Monthly Payments

1 st student	2 nd student 5% Reduced	3 rd student 5% Reduced	4 th student 10% Reduced	5 th student 10% Reduced
\$575.00	\$546.25	\$546.25	\$517.50	\$517.50

3rd Grade through 12th grade monthly Payments

1 ST student	2 ND student 5% REDUCED	3 RD student 5% REDUCED	4 TH student 10% REDUCED	5 TH student 10% REDUCED
\$625.00	\$593.75	\$593.75	\$562.50	\$562.50

ONE TIME

BOOK/MATERIAL FEES: \$350.00

Events: \$65.00

Kindergarten through 2nd Grade: IOWA Standardized testing fees : \$40

Third through 9th grade: IOWA Standardized Testing Fees: \$30

Whatever you pay over the base tuition is considered a donation and is tax deductible, Insha'a Allah.

Once a student has registered, the parents are responsible for the payment of any assessed fees. A statement of tuition, student fees and other balances owing must be paid on regular basis; however, **payment is due regardless of whether or not a statement has been received.**

Failure to make payment by the stated deadline will result in the withholding of future services by the school and in some cases may result in the termination of student status.

Withholding of future services means that students will not receive transcripts and they may not be eligible for re-registration until all overdue accounts have been cleared with the school. The school services may also be withheld for overdue amounts and may result of not transfer transcripts to other schools. **Non-payment of tuition and fees does not constitute an official withdrawal from the school.**

Methods of Payment

The regular hours of the Office Manager for Student Accounts and Treasury are 08:00 to 3:35PM

Monday through Friday, except for holidays. (Friday till 1:00PM)

Full cash payment, postdated checks, or Automatic Withdrawal are all acceptable methods of payment.

PLEASE NOTE: The above posted tuition fees **HELP** support the following yet do not cover the school

budget:

1. **Books, computers, furniture, etc.**
2. **School staff salaries.**
3. **Building insurance.**
4. **Classroom budget for teachers' aides, library books, audio visual programs.**
5. **Maintenance of the school building and grounds.**
6. **Utility bills.**
7. **Janitorial services.**

Agreement Terms and Conditions:

1. **\$200.00 or \$250 non-refundable application fee due at time of application.**
2. 3% off those who pay full tuition by first day of school.
3. Tuition may also be paid in **10 monthly installments**, but **must** submit 10 postdated checks for the entire year's tuition to be dated as follows **Aug 20, Sept. 1, Oct. 1, Nov. 1, Dec.1, Jan. 1, Feb. 1, Mar. 1, Apr. 1, May 1.**
4. **Setting up automatic withdraw** of tuition monthly is another option.
5. Tuition is annual but paid in monthly installments, and parents are responsible for fulfilling this agreement till the end of the academic year. Only in the case of transfer to another State, a school committee waiver is needed to terminate this agreement.
8. Checks/automatic deductions returned by the bank due to insufficient funds must be replaced immediately. There is a **\$25.00 service charge as the bank charges us for the returned check.**
9. The school reserves the right to refuse service if the terms and conditions of this agreement are disputed or violated.
10. The school reserves the right to make changes in programs offered with one week prior notice.

CHILD CUSTODY POLICY

The school will honor all current court orders, decrees, or instructions pertaining to custody situations. It is the responsibility of adults having custody of a student to submit to the school a certified copy of the most recent court order or decree.

In sole custody situations, the custodial parent has the right to determine the child's education unless the custody decree provides otherwise. Where parents share joint legal custody, neither parent's rights are superior with regard to determining the child's education unless specified otherwise by the court or parents in the final judgment or order.

Both parents, custodial and noncustodial, have equal access rights to the school records of their children unless the school or district has received a copy of a court order or decree indicating otherwise.

The school will not act merely on the desire of one parent to prevent the other parent from seeing the student.

Noncustodial parents will not use the schools to contact their children unless an emergency exists.

We, the undersigned, have read and understood the above conditions and agree to abide by them.

Payment option: Pay in full on or prior to the 1st day of classes
 10-month payment plan via 10 post dated checks

(Note: 10 checks must be received on or prior to the first day of classes)

Father's Signature: _____ Mother's Signature: _____ Gaurdian_____