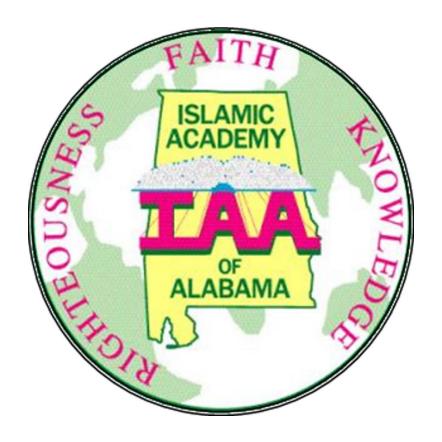
2018-2019 New Student Registration



^{***}All pages must be fully completed to complete registration



Islamic Academy of Alabama

NEW STUDENT REGISTRATION PACKET 189

IM: Valid Expired

Registration Fee Paid: Yes No



Student Information

Student Name: Last Name	First Name Middle Name
Pate of Birth:/	Class Applied For:
tudent Social Security No.://	
ender: Male/Female	
Contact	Information
lome Address:	
Street Home Phone No	City State Zip Code
Mothers Name:	Fathers Name:
Mothers Phone No	Fathers Phone No
Mothers Work No	Fathers Work No
Mothers Email Address	Fathers Email Address
Mothers Work Address	Fathers Work Address
Street	Street
City State Zip Code	City State Zip Code
Authoriz	zed Signature

to all the rights, privileges, programs, and activities, generally accorded or made available at the school. It is the policy of IAA that no students be denied access to the program or services, or treated differently based on race, sex, religion, belief, national origin, or ethnicity.

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Medical Release Information

Student Information

Student Name:	Grade:			
Contact Information				
Mothers Name:	Mothers Phone No			
Fathers Name:	Fathers Phone No			
Medical Information				
	ns, mental health disorders, or developmental rticipation in normal school activities? YES NO			
If yes, please explain in detail				
Does your child have any allergies to med	lication, seasonal, food, insect, or other? YES NO			
*In addition to this form, please inform th	ne child's teacher if your child has a severe food allergy			
If yes, please explain in detail				
	wing the daily care of this child? YES NO			
•				
If yes, please explain in detail				
Does your child take prescription medicat	tion that will be administered at school? YES NO			
If yes, please see IAA administration t	o complete medication prescriber form			
My child has permission to take the followard administration	owing medication administered by IAA			
Personnel without prior permission				
Children's Tylenol YES NO	Robitussin-DM YES NO			
Children's Motrin YES NO	Triaminic YES NO			
Benadryl YES NO	Tylenol Caplets (Extra Strength) YES NO			
Pepto Bismol YES NO	Ibuprophen Tablets YES NO			
Maalox YES NO	Alegra YES NO			
Claritin YES NO	Midol YES NO			
Authorized Signature				
Parent's Signature:	/			

Release Form

May Child MAY NOT be released to ANYONE in my absence						
Are there any legal reasons for this? YES NO						
My child MAY BE released to the following person(s) in my absence:						
Name	Relationship to Student	Phone Number				
Name	Relationship to Student	Phone Number				
Name	Relationship to Student	Phone Number				
Name	Relationship to Student	Phone Number				
Emergency Contacts (If parents cannot be reached)						
Name	Relationship to Student	Phone Number				
Name	Relationship to Student	Phone Number				
Name	Relationship to Student	Phone Number				

Please note the following;

- No child will be released to anyone not listed above. Any arrangements with persons
 different from those listed above must be made 24 hours in advance and submitted in
 writing to the school office.
- No child will be released to an older sibling to take care of until a parent arrives under any circumstance.
- As stated in the "IAA Parent/Student Survival Guide", any child not picked up on time will be automatically sent to after school care and appropriate fees will be charged.

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Tuition Payment Contract

Academy of Alabama Name of Parent/Guardian			
Monthly tuition payments are due in advance on the first day of each m months. Payment must be received by the 5 th of each month. If a payment the 5 th of the month, a written reminder will be sent. A child may be districted is not received after 30 days of delinquency, which includes the is due in full for each month regardless of the number of days your child does not attend school for any reason, including illness, the payment we no adjustment will be made for the hours missed.	ent is not missed fr e 1 st and ! I attends.	receiv om the 5 th day If you	red by e school rs. Tuition r child
Payment Options			
Please check how often you will be making tuition payments:			
Annual			
Semi-Annual			
Monthly			
*For our monthly payment option we are offering to have payments <i>au</i> from your checking account. If you would like to have your monthly tuit automatically deducted from your checking account, please check the b voided check to this form:	ion paym	ents	
Yes, please use the attached voided check to have monthly tuition automatically deducted from my checking account.	on payme	ents	
Authorized Signature			
By signing this contract, I am stating that I have read, understood and wand procedures of The Islamic Academy of Alabama as outlined in this care "Parent/Student Survival Guide."			
Parent's Signature:	Date:	_/_	_/

^{***}All pages must be fully completed to complete registration