

2018-2019

Returning Student

Registration





Islamic Academy of Alabama

RETURNING STUDENT REGISTRATION PACKET 189

IM: Valid Expired
 Registration Fee Paid: Yes No



Student Information

Required

Student Name: _____
Last Name First Name Middle Name

Date of Birth: ____/____/____ Class Applied For: _____

Student Social Security No.: ____/____/____

Gender: Male/Female

Contact Information

Please sign here if the below information has not changed since 2017-2018 _____

Home Address: _____
Street City State Zip Code

Home Phone No. _____

Mothers Name: _____
 Mothers Phone No. _____
 Mothers Work No. _____
 Mothers Email Address _____
 Mothers Work Address _____
Street
City State Zip Code

Fathers Name: _____
 Fathers Phone No. _____
 Fathers Work No. _____
 Fathers Email Address _____
 Fathers Work Address _____
Street
City State Zip Code

Authorized Signature

Parent's Signature: _____ Date: ____/____/____

The Islamic Academy of Alabama admits students of any race, sex, religion, belief, national origin, or ethnic group 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.

Medical Release Information

Student Information

Student Name: _____ Grade: _____

Contact Information

Mothers Name: _____ Mothers Phone No. _____

Fathers Name: _____ Fathers Phone No. _____

Medical Information

Does your child have any physical problems, mental health disorders, or developmental disabilities that would limit the child’s participation in normal school activities? YES NO

If yes, please explain in detail _____

Does your child have any allergies to medication, seasonal, food, insect, or other? YES NO

*In addition to this form, please inform the child’s teacher if your child has a severe food allergy

If yes, please explain in detail _____

Are there any special instructions to following the daily care of this child? YES NO

If yes, please explain in detail _____

Does your child take prescription medication that will be administered at school? YES NO

If yes, please see IAA administration to complete medication prescriber form

| | | | |
|---|-----|----|---|
| My child has permission to take the following medication administered by IAA Administration | | | |
| 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: _____ Date: _____/_____/_____

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.

Tuition Payment Contract

This is a financial contract between _____ and The Islamic Academy of Alabama
 Name of Parent/Guardian

Monthly tuition payments are due in advance on the first day of each month for a period of nine months. Payment must be received by the 5th of each month. If a payment is not received by the 5th of the month, a written reminder will be sent. A child may be dismissed from the school if tuition is not received after 30 days of delinquency, which includes the 1st and 5th days. Tuition is due in full for each month regardless of the number of days your child attends. If your child does not attend school for any reason, including illness, **the payment will not be "dropped" and no adjustment will be made for the hours missed.**

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 ***automatically deducted*** from your checking account. If you would like to have your monthly tuition payments automatically deducted from your checking account, please check the box below and attach a voided check to this form:

_____ Yes, please use the attached voided check to have monthly tuition payments automatically deducted from my checking account.

Authorized Signature

By signing this contract, I am stating that I have read, understood and will abide by all policies and procedures of The Islamic Academy of Alabama as outlined in this contract and in the "Parent/Student Survival Guide."

Parent's Signature: _____

Date: ____/____/____