



www.madinaacademy.org

ENROLLMENT INSTRUCTIONS

The Madina Academy Board of Education requires that each student be formally registered prior to admission. The following documents will be required:

- Health Assessment Record/ Completed Physical Examination by Pediatrician
- Immunization Record
- Copy of child's birth certificate
- School Contract (Parent/Guardian signed statement)
- Transfer of Student Documents Release Form (from previous school, if applicable)

Prior to the first day of class, the following will also be required:

- I. Completed Emergency Contact Form
- II. Full payment for books and activities fee.

In order to best serve our students and their families, there will be a few other forms and surveys needed in the first few weeks of school. We would appreciate your cooperation in completing and submitting these forms as you receive them. Periodically the School Administration and the Board of Education reviews policies and make changes to them as needed. Accordingly, parents will be notified.

Administration

Physical Address 519 Palisado Ave. Windsor, CT 06095	Phone 860-219-0569
Mailing Address 519 Palisado Avenue Windsor, CT 06095	Email aa@madinaacademy.org vpvohra@madinaacademy.org



519 Palisado Avenue, Windsor, CT 06095

ENROLLMENT APPLICATION FOR NEW STUDENTS

2020-2021

(Please print or type – One form per student)

STUDENT INFORMATION

Name: <input type="text"/>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Age: <input type="text"/>	Date of Birth: <input type="text"/>	Race: <input type="text"/>	Place of Birth: <input type="text"/>
Address: <input type="text"/>		Phone: <input type="text"/>	
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>	

FAMILY INFORMATION

<input type="checkbox"/> Father		<input type="checkbox"/> Step-father		<input type="checkbox"/> Guardian	
Name: <input type="text"/>		SS#: <input type="text"/>			
Address (if Different): <input type="text"/>		Phone: <input type="text"/>			
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>			
Religion: <input type="text"/>					
Occupation: <input type="text"/>					
Employer(s): <input type="text"/>		Business Phone: <input type="text"/>			
<input type="checkbox"/> Mother		<input type="checkbox"/> Step-mother		<input type="checkbox"/> Guardian	
Name: <input type="text"/>		SS#: <input type="text"/>			
Address (if Different): <input type="text"/>		Phone: <input type="text"/>			
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>			
Religion: <input type="text"/>					
Occupation(s): <input type="text"/>					
Employer(s): <input type="text"/>		Business Phone: <input type="text"/>			
Parent/ Guardian E Mail: <input type="text"/>					
<input type="text"/>					

Marital Status of Parents:	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
With whom does child reside?	<input type="text"/>	Number of children in family:	<input type="text"/>	
Languages spoken at home: <input type="text"/>				

Other Siblings:					
	Name	Gender M/F	Date of Birth	Grade	School
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EDUCATION

School last attended:	<input type="text"/>	City/ State:	<input type="text"/>
Grade last completed:	<input type="text"/>	Grade to attend in the Fall:	<input type="text"/>
Has the child attended a full time Islamic school before? If so, when and where?			
<input type="text"/>			
Has your child ever had disciplinary problems, been suspended or expelled from previous school? If yes, please explain.			
<input type="text"/>			
Has your child ever repeated a grade or had serious academic problems in school? If yes please explain.			
<input type="text"/>			
What are your goals/reasons for enrolling your child at Madina Academy?			
<input type="text"/>			

MEDICAL						
Does your child have any medical problems?						
Epilepsy <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Allergies <input type="checkbox"/>	Asthma <input type="checkbox"/>	Hearing <input type="checkbox"/>	Speech <input type="checkbox"/>	Vision <input type="checkbox"/>
Heart Disease <input type="checkbox"/>		Other - Please specify: <input type="text"/>				

Has your child been identified as having any learning disability or special need? <input type="text"/>
Is your child on any kind of medication? <input type="text"/>
Does your child have any allergies to any medication? <input type="text"/>
If yes, please specify: <input type="text"/>
Please use the space below to provide any other information about the student that might be helpful. <input type="text"/>

I understand that the Admissions Committee will review this application before reaching a decision. I further understand that admission into Madina Academy is contingent upon the accuracy of this application, supporting records/transcripts and no outstanding balance. I also realize that the Admissions Committee reserves the right to conduct admission tests prior to reaching a decision regarding admission.

Furthermore, I agree to abide by all the policies established in the Madina Academy Handbook (which can be accessed from www.MadinaAcademy.org or which is otherwise established from time to time by the Madina Academy Board.

I hereby affirm that, to the best of my knowledge, all statements made herein are true and complete.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's/Guardian's Name	Father's/Guardian's Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's/Guardian's Name	Mother's/Guardian's Signature	Date

Madina Academy does not discriminate on the basis of race, color, national or ethnic origin, or sectarian affiliation in the administration of its educational policies, scholarship programs and other school administered programs.

For Office Use Only:

Date Application Rec'd: <input type="text"/>	Check Date: <input type="text"/>	Check #: <input type="text"/>	Total Amount: <input type="text"/>
Application Fee (non-refundable) <input type="text"/>			
Application Reviewed By: <input type="text"/>			
Remarks:	<input type="text"/>		