

Madina Academy

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

<u>Physical Address</u> 519 Palisado Ave. Windsor, CT 06095	<u>Phone</u> 860-219-0569
<u>Mailing Address</u> P.O. Box 564 Windsor, CT 06095	<u>Email</u> info@madinaacademy.org vpvohra@madinaacademy.org

Madina Academy

519 Palisado Avenue , Windsor, CT 06095

ENROLLMENT APPLICATION FOR NEW STUDENTS

(Please print or type – One form per student)

STUDENT INFORMATION

Name:		Gender: M / F	
Age:	Date of Birth:	Race:	Place of Birth:
Address:			Phone:
City:	State:	Zip:	

FAMILY INFORMATION

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

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

Other Siblings:				
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Name	Gender M/F	Date of Birth	Grade in 16/17	School
1.				
2.				
3.				
4.				

EDUCATION

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

MEDICAL

Does your child have any medical problems?						
Epilepsy	Diabetes	Allergies	Asthma	Hearing	Speech	Vision
Heart Disease	Other - Please specify					

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

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.

Father's/Guardian's Name Father's/Guardian's Signature Date

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: / /	Check Date: / /	Check #:	Total Amount:
Application Fee (non-refundable)			
Application Reviewed By:			
Remarks:			