



Re-Enrollment & Verification of Information 2019-2020

In order to estimate enrollment for the next school year (2019-2020), we request that you indicate to us whether you wish to re-enroll your child (ren) at Madina Academy (“Academy”).

() I / we **do not** wish to re-enroll my child/ren _____ at Madina Academy for the academic year **2019-2020**. I understand that the Academy may assign the seat to other students.

.....OR.....

() I / we **wish** to re-enroll my child/ren _____ at Madina Academy
Student’s Name
for the Academic year **2019-2020**.

Please note that upon receipt of this re-enrollment form, The fees for 2019-2020 school year are as follows: A \$350.00 book usage fee per student, \$150 activity fee per student, a \$85 technology fee and \$50 smart tuition fee per family (if you) is due by May 31, 2019 along with the confirmation of re-enrollment for the 2019-2020 school year. The fees are NON-refundable all fees must be by May 31, 2019 in school (Check , Cash or Money Order), If fees are not paid by the above mentioned date, late fee of \$100 will be charged.

I/ we understand that admission to Grade KG / 1 / 2 / 3 / 4 / 5/ 6/ 7/ 8/ 9/10/11/12 (circle one) will be contingent on the successful completion of the current year’s academic requirements; the recommendation of the current year class teacher as indicated on the child’s final progress report; and full payment of any outstanding balance. I / we understand that this form is *not* a confirmation of re-admission.

I also verify that all the information given in my child’s initial registration documents is still valid. In case of any changes, I am submitting new and updated information in the second page.

I agree to abide by all the policies established in the Handbook (which can be accessed from www.MadinaAcademy.org) or which are otherwise established from time to time by the Board.

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

Father’s/Guardian’s
Last Name First Name Signature Date

Mother’s/Guardian’s
Last Name First Name Signature Date

It is very important that the information on your child’s enrollment form be kept up to date. Please indicate any additional information or changes that need to be made to your current enrollment form.

(If there are a number of changes, please contact the Madina Academy office for a new enrollment form.)

Please list the changes as needed:

Address Change: _____

Phone Number(s): _____

E-mail Address: _____

Medical Information: _____

Guardian Yes/No

Parents' Martial Status: _____

Any other changes: _____

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

Mother's/Guardian's		Signature	Date
Last Name	First Name		

Administrator's Signature _____

For Office Use Only:

Application Reviewed By:
Date Received:
Remarks: