

Madina Academy Upper School

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: the annual tuition of \$6,894 (\$3,447 for dual enrollment) in accordance to the selected payment plan, an annual book user fee of \$400 (\$200 for dual enrollment), \$85 technology fee and \$50 Smart tuition fee for the 2019-2020 academic year for the student. The fees are NON-refundable. All fees must be paid by May 31, 2019. Late fee of \$100 will be charged if fees are not paid by above mentioned date.

I / we understand that admission to Grade 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: