

# Madina Academy Upper School

Enrollment  
Application 2024-2025



# **Madina Academy Upper School**

## **Immunization and Physical Examination 2024/2025**

All students enrolling in Madina Academy must have an up-to-date immunization and physical record before they can start school.

**The influenza vaccine is mandated for all students entering into**  
**Madina Academy Preschool.**

**The Influenza vaccine needs to be administered to your child no later**  
**than December 1<sup>st</sup>, 2024.**

**\*\*\*There will not be any religious exemptions with regard to the**  
**Influenza vaccine for all preschool students\*\*\***

**Parent's Signature:**

**Date:**

**Applicant Name:**

Last

First

**STUDENT INFORMATION**

Date: <input type="text"/>		Current Grade: <input type="text"/>
Last Name: <input type="text"/>	First Name: <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Age: <input type="text"/>	Date of Birth: <input type="text"/>	Place of Birth: <input type="text"/>
Street Address: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Home Phone: <input type="text"/>	Student Cell Phone: <input type="text"/>	
Student Email Address: <input type="text"/>	SS#: <input type="text"/>	
Mailing Address (if different from above): <input type="text"/>		

**FAMILY INFORMATION**

<input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Step-father</b> <input type="checkbox"/> <b>Guardian</b>		
Full 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"/>
Languages Spoken: <input type="text"/>		
Occupation: <input type="text"/>		
Employer(s): <input type="text"/>	Work Phone: <input type="text"/>	
E Mail Address: <input type="text"/>	Cell Phone: <input type="text"/>	
<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Step-mother</b> <input type="checkbox"/> <b>Guardian</b>		
Full 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"/>

Languages Spoken: <input style="width: 280px;" type="text"/>				
Occupation(s): <input style="width: 280px;" type="text"/>				
Employer(s): <input style="width: 280px;" type="text"/>		Work Phone: <input style="width: 280px;" type="text"/>		
E Mail Address: <input style="width: 260px;" type="text"/>		Cell Phone: <input style="width: 280px;" 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 style="width: 250px;" type="text"/>			No. of children in family: <input style="width: 50px;" type="text"/>	
Language most often spoken at home: <input style="width: 280px;" type="text"/>				
<b>Other Siblings:</b> <i>(please continue on back if required...)</i>				
<b>Name</b>	<b>Gender</b> <b>M/F</b>	<b>DOB (mm/dd/yyyy)</b>	<b>Current Grade</b>	<b>School</b>
1. <input style="width: 250px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
2. <input style="width: 250px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
3. <input style="width: 250px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
4. <input style="width: 250px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
<b>EDUCATION</b>				
School last attended: <input style="width: 240px;" type="text"/>			City/ State: <input style="width: 140px;" type="text"/>	
Grade last completed: <input style="width: 140px;" type="text"/>			Grade Applying for: <input style="width: 140px;" type="text"/>	
Has your child attended a full time Islamic school before? If so, when and where? <input style="width: 720px;" type="text"/>				
Has your child ever had disciplinary problems, been suspended or expelled from previous school? If yes, please explain. <input style="width: 720px;" type="text"/>				
Has the child ever repeated a grade or had serious academic problems in school? If yes please explain. <input style="width: 720px;" type="text"/>				
What are your goals/reasons for enrolling your child at Madina Academy Upper School? <input style="width: 720px;" type="text"/>				

MEDICAL						
Does your child have any medical problems? <input type="text"/>						
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 educational needs/accommodations? <input type="text"/>						
Please use the space below to provide any other information about the student that might be helpful.  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>						

I/we understand that the Admissions Department will review this application before making a decision. I/we further understand that admission into Madina Academy Upper School is contingent upon the completion and accuracy of this application, supporting records, transcripts, and no outstanding tuition or fees dues. I/ we also realize that the Admissions Department reserves the right to conduct placement tests and an interview before student acceptance.

**I/we understand that admission to the Dual Program is contingent upon achieving an above-average GPA of at least 3.3, taking college placement examinations, and having no outstanding disciplinary infractions.**

Furthermore, I agree to abide by all the policies established in the Madina Academy Handbook or which are otherwise established from time to time by the Madina Academy Board. The Academy reserves the right to modify/update school policies including those outlined in the Student Handbook.

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

Father's/Guardian's Name

Signature

Date

Mother's/Guardian's Name

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:			

# Madina Academy Upper School

## TUITION CONTRACT 2024-2025

I (we) have reviewed the attached Tuition Policy and have been allowed to seek an explanation for anything that needed to be clarified. I (we) clearly understand and accept the Tuition Policy as outlined by the Board of Education ("Board") of the Academy.

It is mutually agreed that I (we) will pay the annual tuition of \$8,162 \*(\$3,710 for dual enrollment) \* in accordance with the selected payment plan, admission fee of \$150 for new students, an annual book user fee of \$475 \*(\$275 for dual enrollment) \*, \$125 technology fee and \$56 Smart tuition fee for the 2024-2025 academic year for the named student.

Indicate ☒ one option from the two presented below:

☐ Option 1 It is mutually agreed that the balance will be paid in full at the beginning of the school year.

**OR**

☐ Option 2 The balance is paid in accordance with a payment plan payable through Smart Tuition.

I/we understand that the tuition policy and contract for the Upper School differ from that of the Elementary/Middle school.

Furthermore, I (we) agree to abide by the tuition policies and deadlines as outlined above and take full responsibility for any delinquent accounts that may be owed by us. I (we) also understand and agree that in case of a delinquent account my child (ren)'s records will not be released by the school to any other third party (including any other educational institution). I (we) have also read and understand the Student Withdrawal Policy:

\*\*\* If I/(we) withdraw our child(ren) from the Academy for any reason, we agree to pay the tuition in full per this agreement.

\* **Delinquent Accounts:** Three tuition reminders will be emailed to parents that have not paid their account according to the payment plan set up at the time of registration. In this case, students will not be allowed to attend classes until all overdue fees are paid in full. Also, students with delinquent accounts will not be eligible for readmission for the next academic year.

If it is necessary to employ a professional collection agency and/or attorney, to enforce or collect a judgment based on this agreement, I/we will be responsible for paying all expenses accrued, including, but not limited to, collection agency fees, court fees, and attorney fees.

### **Tuition Withdrawal Policy:**

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1. Parents will be liable for 25% of annual tuition fees if student(s) withdraw by September 30th, 2024.
2. Parents will be liable for 50% of annual tuition fees if student(s) withdraw by November 30th, 2024.
3. Parents will be liable for 100% of annual tuition if student(s) withdraw after November 30th, 2024.\*\*

\*\*Payment should be made via cash or money order only.

- All other non-tuition related fees (admission fee, book fee, technology fee, Smart Tuition fee) will be non-refundable in any of the above cases.

Father's (Guardian's) Name:

Mother's (Guardian's) Name:

Physical Mailing Address:

Telephone: Home:

Father's Work:

Mother's Work:

Father's Cell:

Mother's Cell:

Father's (Guardian's) Signature

Date

Mother's (Guardian's) Signature

Date

Office use only:	
Date Rec'd: <input type="text"/>	Student Name: <input type="text"/>
Received by: <input type="text"/>	Administrator's Signature: <input type="text"/>
Comment: <input type="text"/>	



Enroll.blackbaud.school

1 2 7 0 5 2 4 1 8 0 8

## PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER

LAST NAME OF PARENT/GUARDIAN/BILL PAYER

**2024 - 2025**

\*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY

\*LAST NAME OF ADDITIONAL AUTHORIZED PARTY

STREET ADDRESS OR P.O. BOX

APT#

CITY

STATE

ZIP CODE

COUNTRY

HOME TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

EMAIL ADDRESS (for email reminders for upcoming payments)

## SELECT A PAYMENT METHOD

☐ I agree to make payments by mail, web or telephone. I agree to the following due date:

Your school allows the following due date(s):  
1, 15, 25

☐ I authorize Blackbaud Tuition Management to automatically debit my payments from the below provided

Your school allows the following due date(s):  
1, 15, 25

PLEASE DEBIT MY:

9 DIGIT ROUTING NUMBER

☐ CHECKING (PLEASE ATTACH A VOIDED CHECK) OR

BANK ACCOUNT NUMBER

☐ SAVINGS

Any Debit account linked to Blackbaud Tuition Management must be active and viable

PLEASE CHARGE MY:

CREDIT CARD NUMBER

☐ AMEX

☐ DISCOVER

☐ MASTERCARD

☐ VISA

EXPIRATION DATE

A 3.12% usage fee applies to all credit/debit card payments.

## SELECT A PAYMENT PLAN

Plan A Payment(s) 10 Aug - May  
 Plan B Payment(s) 3 Aug, Jan, Apr  
 Plan C Payment(s) 1 Aug

ENTER PLAN LETTER HERE

## ENTER STUDENT INFORMATION

Choose from the following grades: PK, K, 1 - 12

GRADE

FIRST NAME OF STUDENT

LAST NAME OF STUDENT














\*OPTIONAL SCHOOL FAMILY ID:

\*OPTIONAL TYPE CODE:

## PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may re-enroll me in the Blackbaud Tuition Management (BBTM) payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, Blackbaud Tuition Management may contact me via email and text message and a follow up fee of \$40.00 will be assessed to my account. A \$30.00 fee will apply for any failed electronic transaction or dishonored check.

PRIMARY BILL PAYER

DATE

## FOR SCHOOL OFFICE USE ONLY

☐ THIS FAMILY IS ENROLLING LATE:

☐ SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN

☐ COLLECT BALANCE IN FIRST MONTH

\*OPTIONAL STUDENT ID

STUDENT TUITION 1



STUDENT TUITION 2



STUDENT TUITION 3



STUDENT TUITION 4

FAMILY TUITION SUBTOTAL

## FEES & DISCOUNTS

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

BBTM ADMINISTRATIVE FEE

ANNUAL TOTAL DUE

**If you have any questions regarding  
this form, contact Blackbaud Tuition  
Management at:  
1-888-868-8828**

# Madina Academy Upper School

519 Palisado Avenue  
Windsor, CT. 06095

## Parent Consent for the Transfer of Student Records

I hereby give Madina Academy permission to obtain the following confidential information as indicated.

Student Name   
Home Address   
D.O.B

Documents to be released: **(All records are required)**

- Psychological Reports
- Medical Reports
- Psychiatric Evaluations
- Educational Evaluations
- Speech/Hearing/Language Evaluations
- Evaluations from Outside Agencies, Doctors, and Schools
- Individualized Education Programs
- Special Education Progress
- Home School Correspondences
- Other:

Reason for release:

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**Records are to be released to:**

**Madina Academy  
519 Palisado Avenue  
Windsor, CT, 06095  
Email: aa@madinaacademy.org**

**Full name of the institution to release records:**

Address:

Phone #:  Fax#:

Email:

Parent/Guardian's Signature:  Date:

# Madina Academy Upper School

## Emergency Contact Form 2024-2025



Today's Date:

STUDENT NAME:     
Last First Middle

GRADE:

### Email Addresses:

Mother/Guardian  
Email:

Father/Guardian  
Email:

Student:

Street Address:

Home Tel:

Father's full name:  Father's place of employment:

Father's Work Tel:  Father's Cell Tel:

Mother's full name:  Mother's place of employment:

Mother's Work Tel:  Mother's Cell Tel:

Family Physician and Tel:

### Person to call in case of emergency:

No.	NAME	TEL #	RELATIONSHIP
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

Any allergies or medical conditions we should know about:

**\* IN CASE OF A REAL EMERGENCY 911 WILL BE CONTACTED FIRST THEN THE FAMILY MEMBERS WILL BE INFORMED IMMEDIATELY AFTERWARDS.**

# Madina Academy Upper School

## Release Form 2024-2025



For the security of all students at the Upper School, we will be releasing students to the authorized people only. Please list the names of people allowed to pick up your child(ren). Madina Academy will not be releasing your child to anyone not specified on the list. Please include the names of people who you think will be picking up your child from time to time and in emergencies.

Student's Name:

Grade:

No.	Name	Relationship	Phone #
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent's/Guardian's Name:

Signature:

Date:

# Madina Academy Upper School

## Photograph/Video Authorization

**2024-2025**

On occasions, the school faculty may take photographs and videos during field trips and school events. These photos and videos are used for classroom scrapbooks, the yearbook, promotional displays, local newspapers, social media posts (such as Facebook), the school website, and our school YouTube channel.

If you do not wish to have your child's photograph/video taken for the above purposes, please indicate that below.

***If we do not receive this completed form, we will assume consent.***

## Internet and Email Usage Authorization

Students in Upper School will use electronic devices in classrooms to enhance their learning experiences. Students will also be issued a school email account. This email will be used to communicate with teachers, collaborate with classmates on classwork and projects, and logging in to educational websites. **Students need to understand that access to the internet and email is a privilege, and with privilege comes responsibility. Therefore, students need to accept responsibility for their behavior. We would like to emphasize that:**

- The students will be closely monitored by the teacher while using the internet.
- Only educational websites selected by the teacher will be allowed.
- Students are expected to work within the guidelines and expectation given to them by the teacher.
- Any student who violates any of the above policies will be denied access to the internet for two weeks following the incident, and parents will be notified.
- Any Student who exchanges inappropriate websites that he/she may have access to outside the school will face a penalty that will range from after school detention to being suspended from school for a period that will be determined based on the severity of the violation.

We want to make sure that our students are computer literate. We will make sure that the internet gets used properly and no violations will be tolerated.

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**Do you give permission for your child:**  **to have his/her picture and video taken and used for educational and promotional purposes while at school?**

☐ Yes

☐ No

**Do you give your child:**  **permission to have an email account and use the internet at school for educational purposes under the supervision of the teacher?**

☐ Yes

☐ No

**Parent/ Guardian's Signature:**

**Date:**

# Madina Academy

We raise children. Higher.

Welcome to our school!

We have a few questions about languages spoken at home. We are required by the US Department of Education to ask for this information because it will help us know how we can best support your child. The language information also helps us know how we can best communicate with you. Please share with us about the language(s) spoken by your family and in your home.

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## **Student Information**

Student first name:

Student last name:

Date of birth:

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1) What is the primary language used in the home, regardless of the language spoken by the student?

2) What is the language most often spoken by the student?

3) What is the language the student first acquired?

Optional questions that can be included:

- 1) What language do you prefer for written communication from the school?
- 2) Will you acquire interpretation/ translation at parent-teacher meetings?