

Madina Academy Upper School

Enrollment Application
2021-2022



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"/> Father <input type="checkbox"/> Step-father <input type="checkbox"/> Guardian		
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"/> Mother <input type="checkbox"/> Step-mother <input type="checkbox"/> Guardian		
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:

Occupation(s):

Employer(s): Work Phone:

E Mail Address: Cell Phone:

Marital Status of Parents:
 Married Separated Divorced Widowed

With whom does child reside? No. of children in family:

Language most often spoken at home:

Other Siblings: *(please continue on back if required...)*

Name	Gender M/F	DOB (mm/dd/yyyy)	Current 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: City/ State:

Grade last completed: Grade Applying for:

Has your 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 the 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 Upper School?

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"/>
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Heart Disease Other (Please specify):

Has your child been identified as having any Learning Disability or special educational needs/accommodations?

Please use the space below to provide any other information about the student that might be helpful.

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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 2021-2022

I (we) have reviewed the attached Tuition Policy and have been given an opportunity to seek 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 \$6,894 *(\$3,447 for dual enrollment)* in accordance to the selected payment plan, admission fee of \$100 for new students, an annual book user fee of \$400 *(\$200 for dual enrollment)*, \$85 technology fee and \$50

Smart tuition fee for the 2021-2022 academic year for the student named

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 differs 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 us 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 to collect a judgment based upon 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:

1. **Parents will be liable for 25% of annual tuition fees if student(s) withdraw by September 30th, 2021.**
2. **Parents will be liable for 50% of annual tuition fees if student(s) withdraw by November 30th, 2021.**
3. **Parents will be liable for 100% of annual tuition if student(s) withdraw after November 30th, 2021.**

- **All other non-tuition related fees (admission fees, book fees, technology fees, Smart Tuition fees) 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"/>	

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

The following documents are to be released:

- Academic Transcripts including standardized test results
- Discipline Record
- Medical Records (including but not limited to vaccination records, physical examinations, psychological assessments....)
- Speech/Hearing/Language Evaluations
- Evaluations from Outside Agencies, Doctors and Schools
- Remedial Assistance and/or Special Education Evaluations; Individualized Education Program documentation
- Home-School Correspondence

• Other:

Reason for requesting release of student documents: **New Student Enrollment**

Name of the Party to which
Records will be released to:

Madina Academy
519 Palisado Avenue
Windsor, CT. 06095

Name of Institution to release Records:

Current school's mailing address:

Name of Parent/Guardian

Signature of Parent/Guardian

Date

Madina Academy Upper School

Emergency Contact Form 2021-2022



Today's Date:

STUDENT NAME:
Last First Middle

GRADE:

Email Addresses:

Mother/Guardian:

Father/Guardian:

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 2021-2022



For the security of all students at the Upper School, we will be only releasing students to authorized persons. Please list the names of people who are allowed to pick up your child(ren). Madina Academy will not be releasing your child to anyone who is not 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

2021-2022

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), school website, and our school YouTube channel.

If you do not wish to have your child's photograph/video taken for these above purposes, we ask that you 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 for communication with teachers, collaborate with classmates on class work and projects, and to log into educational websites. Students need to understand that access to the internet and email is a privilege and with privilege comes responsibility. Therefore, it is important for students 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 will be allowed and selected by the teacher.
- Students are expected to work within the guidelines and expectation given to them by the teacher.
- Any student who violates any of the above polices 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 would like 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.

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: