Madina Academy
Upper School

Enrollment
Application 2023-2024

Madina Academy Upper School

Immunization and Physical Examination 2023/2024

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 1st, 2023.

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

All Students have to get a Covid test after summer vacation

Parent's Signature:

Date:

Applicant Name: _____ _____

Last First

STUDENT INFORMATION

Date:		Current Grade:
Last Name:	First Name:	Gender: ☐ Male ☐ Female
Age:	Date of Birth:	Place of Birth:
Street Address:		
City:	State:	Zip:
Home Phone:	Student Cell Phone:	
Student Email Address:	SS#:	
Mailing Address (if different from above):		

FAMILY INFORMATION

☐ **Father** ☐ **Step-father** ☐ **Guardian**

Full Name:		SS#:
Address: (if Different):		Phone:
City:	State:	Zip:
Languages Spoken:		
Occupation:		
Employer(s):	Work Phone:	
E Mail Address:	Cell Phone:	

☐ **Mother** ☐ **Step-mother** ☐ **Guardian**

Full Name:		SS#:
Address (if Different):		Phone:
City:	State:	Zip:

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.				
2.				
3.				
4.				

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	Diabetes	Allergies	Asthma	Hearing	Speech	Vision
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 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 2023-2024

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 $7,420 *($3,710 for dual enrollment) * in accordance with the selected payment plan, admission fee of $100 for new students, an annual book user fee of $400 *($200 for dual enrollment) *, $125 technology fee and $50 Smart tuition fee for the 2023-2024 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:

1. **Parents will be liable for 25% of annual tuition fees if student(s) withdraw by September 30th, 2023.**
2. **Parents will be liable for 50% of annual tuition fees if student(s) withdraw by November 30th, 2023.**
3. **Parents will be liable for 100% of annual tuition if student(s) withdraw after November 30th, 2023.**

- **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:	**Student Name:**
Received by:	**Administrator's Signature:**
Comment:	

Blackbaud Tuition Management™

Enroll.blackbaud.school

Madina Academy - 12705
519 Palisado Avenue
Windsor, CT 06095

1 2 7 0 5 2 2 1 8 0 8

2023-2024

PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER

LAST NAME OF PARENT/GUARDIAN/BILL PAYER

*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: ☐ CHECKING (PLEASE ATTACH A VOIDED CHECK) OR ☐ SAVINGS

9 DIGIT ROUTING NUMBER

BANK ACCOUNT NUMBER

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

PLEASE CHARGE MY: ☐ AMEX ☐ DISCOVER ☐ MASTERCARD ☐ VISA

CREDIT CARD NUMBER

EXPIRATION DATE /

A 2.65%% 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:

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 + 50.00

ANNUAL TOTAL DUE $.

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.

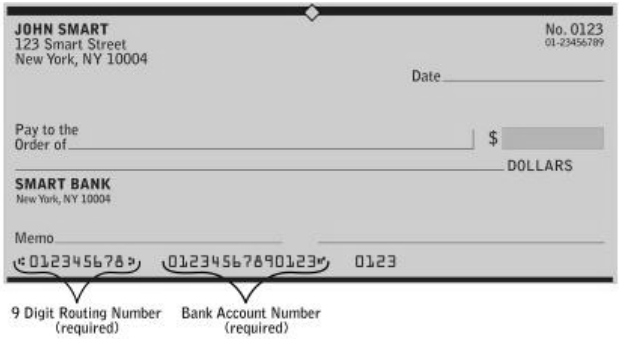
PRIMARY BILL PAYER _____ DATE / /

PARENT INSTRUCTIONS

Please use capital letters and print clearly.

1. ENTER FAMILY INFORMATION: Provide us with all of the requested contact information. If desired, use the "Additional Authorized Party" field to allow another person to access your tuition account information and make payments on the account. Be sure to include your email address, as we may contact you regarding important account information.

2. SELECT A PAYMENT METHOD: If you choose to pay by mail you will receive a bill that will be due on the date selected. Please mail your payment at least seven days prior to the due date. If you select Auto - Debit, Blackbaud Tuition Management will debit your bank or credit card account on the debit date selected. If you choose to pay from your checking account, please include a voided check to ensure the accuracy of your information. On the bottom of every check, there is a 9 digit routing number that represents your bank (example below). It is typically located on the left side of the bottom of the check. Blackbaud Tuition Management can not process automatic payments if the routing number is missing.



Please choose one of the due dates from the available dates provided. If you choose a due date not approved by your school, your account will default to the latest due date available.

3. SELECT A PAYMENT PLAN: Please choose one of the plans offered by your school by putting the letter of the plan in the box. Payment plans are made available by your school and cannot be changed by Blackbaud Tuition Management without school permission.

4. ENTER STUDENT INFORMATION: Please write the name and grade of the children who will attend this school.

5. PLEASE READ AND SIGN: Please review the terms and conditions. The Primary Bill Payer must sign the form.

parent.blackbaud.school

TERMS AND CONDITIONS

The policies below are Blackbaud Tuition Management general terms and conditions. Not all policies listed below may be applicable to your school but are representative of Blackbaud Tuition Management policies, in general. Terms and Conditions are subject to change.

Blackbaud Tuition Management receives, processes, and deposits your payments into your school's bank account. Our secure website and customer service center are available to assist in answering your questions about your tuition payment plan.

REFUNDS: Blackbaud Tuition Management does not issue cash refunds. Overpayments will be carried on your account and credited to future tuition payments. All reimbursements or refunds must be arranged with your school.

CREDIT CARD PAYMENTS: Payments made with your debit and/or credit card are subject to credit card convenience fees.

LATE FEES: A late fee may be assessed by your school if balances due are not paid and posted by your established due date.

FOLLOW-UP SERVICE: Any payment that is not received by Blackbaud Tuition Management by your due date is considered late and may receive a late fee. In the event that your account becomes delinquent, Blackbaud Tuition Management may provide your school a follow-up service where Blackbaud Tuition Management may contact you via mail, telephone, or e-mail. Your account may be charged an additional fee as a result of this service. This fee is in addition to any late fees charged by your school.

FAILED PAYMENTS: A fee of $30.00 will be applied to your account for any failed auto-debit and failed check payments. Your bank may impose additional fees.

AUTO-DEBIT TERMS (APPLIES TO AUTO-DEBIT ENROLLEES ONLY): By signing this enrollment form you agree to authorize Blackbaud Tuition Management to debit your account on the scheduled dates as described on the reverse side. If your auto-debit due date falls on a weekend or holiday, your account will be debited on the following business day. You agree that if any such debit is dishonored, for any reason, Blackbaud Tuition Management shall have no liability for any fees charged to you by your financial institution. Blackbaud Tuition Management will automatically reattempt any failed debits approximately 10 days after their failure. This authority will remain in effect until Blackbaud Tuition Management receives your written instruction to cancel auto-debit service. To cancel or stop a scheduled auto-debit payment, you must contact Blackbaud Tuition Management no later than 3 business days prior to the scheduled payment at (888) 868-8828.

PLEASE NOTE: Payments received in the mail take 1 business day to post. Blackbaud Tuition Management is not responsible for delivery delays when payments are sent via US mail. Please allow at least 5-7 business days for delivery.

TELEPHONE CONTACT: You consent to allow Blackbaud Tuition Management to call and/or text any telephone number: (i) you have provided to Blackbaud Tuition Management; (ii) that you have provided to the school relating to your Blackbaud Tuition Management account; (iii) from which you called us; or (iv) which we obtained and reasonably believe we can reach you. You agree that Blackbaud Tuition Management may call and/or text any of these telephone numbers with an automatic telephone dialing system, and calls may include an artificial/prerecorded voice message. By providing us with a telephone number, you represent that you are either the subscriber or regular user of the telephone number. You further agree to notify us immediately if any telephone number you provide to us is no longer used by you.

BLACKBAUD TUITION MANAGEMENT PRIVACY POLICY: We do not disclose any personal information about our families to anyone, except as permitted by law. Blackbaud Tuition Management has adopted numerous procedures to protect the confidentiality of school and family information. We adhere to the Payment Card Industries Standard for storing family information.

BLACKBAUD TUITION MANAGEMENT SECURITY POLICY: Access to your personal and account information is restricted to those employees who need to know that information as part of their job, to service your account, or to provide products and services to you. We maintain physical, electronic, and procedural safeguards that are reasonably designed to guard your non-public personal information. We adhere to the Payment Card Industry Data Security Standard (PCI DSS). The Payment Card Industry Data Security Standard (PCI DSS) is a proprietary information security standard for organizations that handle branded credit cards from the major card schemes including Visa, MasterCard, American Express, and Discover.

Blackbaud Tuition Management & Your School Have Formed A Partnership

That Benefits Your School, Your Child, And You.

Please return completed form to your school immediately.

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:

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 2023-2024

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			
2			
3			

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 2023-2024

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			
2			
3			
4			
5			
6			

Parent's/Guardian's Name: _____

Signature: _____

Date: _____

Madina Academy Upper School

Photograph/Video Authorization

2023-2024

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 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 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.

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: _____