



Child's Last Name _____ First Name _____ Middle Initial ____ Date of Birth ____/____/____

Address _____ Gender M F Last School Attended _____

Age _____ Last Grade Completed Successfully _____

STOP: *If student was enrolled at Iqra last school year and no information has changed, only complete the Payment Option section on the second page and on the last page check boxes to indicate you have reviewed school procedures, and sign and date.*

Home Phone # () _____

Is English your child's first language? Yes No

Is any other language spoken in the home? Yes No If yes, please indicate which language: _____

Mother's Email: _____ Father's Email: _____ Student's Email, if applicable: _____

Father/Legal Guardian's Name _____ Mother/Legal Guardian's Name _____

Father's Employer _____ Mother's Employer _____

Father's Work # () _____ Mother's Work # () _____

Father's Cell # () _____ Mother's Cell # () _____

Does the student have a cell phone? Yes No If yes, please provide cell # () _____

Sibling Information:

Name: _____ Gender: M F Age: _____ Attends Iqra? Y N If no, which school? _____

Name: _____ Gender: M F Age: _____ Attends Iqra? Y N If no, which school? _____

Name: _____ Gender: M F Age: _____ Attends Iqra? Y N If no, which school? _____

Name: _____ Gender: M F Age: _____ Attends Iqra? Y N If no, which school? _____

Name: _____ Gender: M F Age: _____ Attends Iqra? Y N If no, which school? _____

Health/Medical Information: (Immunizations Records are due by Sept. 30th for new students or any updates)

Physician/Health Care Provider _____ Phone() _____ Hospital _____

Insurance Provider _____ Has your child ever been hospitalized No Yes If yes, when? _____

Do any of the following apply to your child:

Allergies? Yes No If yes, please indicate what kind: _____

Taking Medication? Yes No If yes, please indicate what for: _____

Chronic Medical/Psychiatric Problems: Yes No If yes, please describe what kind: _____

Wear glasses/contact lenses? No Yes Participate in a team sport? Yes No

Receive physical therapy? Yes No Receive emotional/social counseling? Yes No

Received Special Education/IEP any time in the past? Yes No Receive speech therapy? Yes No

Ever been suspended or expelled from any school? Yes N If yes, please provide date/reason: _____

Emergency Contact Information: (Please provide information for 2 persons **not** living with the child)

1. Name/Relation to Child _____ / _____ 2. Name/Relation to Child _____ / _____

Home Phone # () _____ Home Phone # () _____

Cell Phone # () _____ Cell Phone # () _____

Work Phone # () _____ Work Phone # () _____

Person(s) Authorized to Pick Up/Drop Off Student:

1. Name/Relation to Child _____ / _____ 2. Name/Relation to Child _____ / _____

Home Phone # () _____ Home Phone # () _____

Cell Phone # () _____ Cell Phone # () _____

Work Phone # () _____ Work Phone # () _____


Publicity and Photo Release Authorization:

- I give permission for my child to be photographed/filmed/interviewed for educational purposes for use by the school.
- I **do not** give my permission for my child to be photographed/filmed/interviewed for any reason.

Tuition/Fee Payment Plan Information: *A 2.5% fee applies to all credit card tuition payments

Payment Options	Due By	Indicate Choice
1 Lump Sum *Payment-Eligible for a \$200 discount per student	1 st day of school	<input type="checkbox"/>
2 *Payments-Eligible for a \$200 discount per student	1 st day of school - #1 Sept. 30 th - #2	<input type="checkbox"/>
10 Equal Monthly Payments *From August to May	1 st or 15 th * Indicate Choice : ____	<input type="checkbox"/>

MUST BE COMPLETED ON ALL REGISTRATION APPLICATIONS



Fees/ Per Student	Details	Due By
Tuition Fee:	\$4000 Pre-K 3 /Pre-K 4 Fulltime \$3000 Half-time – Pre-K 3 only \$4500 KG-5 th Grade \$4900 6 th Grade -8 th Grade \$5300 9 th Grade-12 th Grade	Indicated by choice selected above
Registration Fee (non-refundable):	Returning Student - \$125 until June 2nd - \$175 after June 2 nd until July 3 rd - \$250 after July 3 rd New Student - \$250 (regardless of date)	Due at the time of registration
Lunch Fee:	\$250 per student	Due by the first day of school
Computer Science Lab Fee:	\$150 3 rd – 8 th Grades \$250 9 th – 12 th Grades	Due by the first day of school
Textbook Rental Fee:	\$200 per student	Due at the time of registration
Workbook Fee:	Pre-K - \$10 3 rd - \$130 7 th /8 th - \$100 KG- \$110 4 th - \$120 9 th - \$120 1 st - \$170 5 th - \$120 10 th - \$100 2 nd - \$170 6 th - \$120 11 th /12 th - \$90	Due at the time of registration
Late Pick-up Fee:	\$10 per day/per child if late from 15 to 30 minutes \$20 per day/per child if late from 30 to 60 minutes \$30 per day/per child above 60 minutes	(If applicable) (If applicable) (If applicable)

Tuition Fee Discount Table

Income	# of Students	Discount	Student Name (First, Last)	Grade
<20k	1 or more	50%		
21k – 30k	1 student	40%		
	2 or more	50%		
31k – 50k	1 student	20%		
	2 students	30%		
	3 or more	40%		
51k – 70k	2 students	10%		
	3 or more	20%		

Eligible for ____% (no discounts are available for students enrolled in the Pre-K program, full tuition is required)

Discounts will be based on my total family's annual income which is \$_____, verified by supporting documentation according to the Financial Assistance Policy Instructions. (see Attached Policy)

Please authorize each statement and sign below: ALL APPLICATIONS

- I authorize the request of this student's records from the previous school, *if applicable*.
- I authorize Iqra School to take whatever steps needed to protect the health of the student in case of an emergency requiring immediate medical attention, and the parent or legal guardian cannot be contacted.
- I understand it is my duty to keep the school informed of any changes, and failure to provide supporting documentation may delay the processing of this application.
- I understand my child may be excluded from school if immunizations are not on file in the school office.
- I authorize my child to receive a developmental screening if the school's staff deems it necessary. I also authorize my locality's screening agency to release a complete copy of the screening report to the school if requested.
- I understand my child(ren) transcripts/report cards will not be released if all payments due aren't paid or school properties including rental books are not returned before May 25th or before my child(ren) are transferred out.
- I understand my child(ren) may not be permitted to attend class if tuition or other fees are not paid on time.
- I certify that all of the information I have provided on all pages of this application and/or documents submitted for financial assistance is true and accurate.

I understand that falsification of any information or submission of misleading information will be cause for revoking this application, and I am held legally responsible for all information supplied within this application.

_____ Parent's Name (please print) _____ Parent's signature _____ Date

_____ \$ _____ Guarantor's Name (IF APPLICABLE) Amount Guaranteed _____ Guarantor's signature _____ Date

Additional Information/Documents Requested: (office use only)

New or Returning Students: Transfer Records Entrance Exam Immunization Records Birth Certificate

Standardized Test Scores Physical Examination (for students entering K, 6th, 9th grades)

Fees Submitted/Amount: Registration \$ _____ Book Rental \$ _____ Workbook \$ _____ CS Lab Fee \$ _____

Lunch Fee \$ _____ Remaining/Unpaid Balance from Last School Year \$ _____

Approval for: Sponsor/Guarantor _____ % Discount for Tuition* Proof of Income Documentation

*RISE Treasurer's or Finance Subcommittee Member's Signature: _____

Date Approved: _____