



Al Manara Academy - 2017/2018 Registration Form

Nondiscriminatory Statement

Al Manara Academy admits qualified students of any race, national, and ethnic origin to all of the rights, privileges, programs, and activities generally accorded or made available to students. It does not discriminate on the basis of race, national and ethnic origin, or gender in the administration of its educational policies, admissions policies, financial aid programs, or athletic and other school programs.

General Student Information

Student Name #1: First _____ Last _____
Date of Birth _____ Place of Birth _____ Entering Grade _____
Gender _____ (M or F) New or Returning Student? _____

Student Name #2: First _____ Last _____
Date of Birth _____ Place of Birth _____ Entering Grade _____
Gender _____ (M or F) New or Returning Student? _____

Student Name #3: First _____ Last _____
Date of Birth _____ Place of Birth _____ Entering Grade _____
Gender _____ (M or F) New or Returning Student? _____

Student Name #4: First _____ Last _____
Date of Birth _____ Place of Birth _____ Entering Grade _____
Gender _____ (M or F) New or Returning Student? _____

Student Name #5: First _____ Last _____
Date of Birth _____ Place of Birth _____ Entering Grade _____
Gender _____ (M or F) New or Returning Student? _____

Missouri State guidelines for enrollment in a specific grade:

Pre-K 3 (must be 3 by 8/1/17)	4th Grade (must have completed 3rd grade)
Pre-K 4 (must be 4 by 8/1/17)	5th Grade (must have completed 4th grade)
Kindergarten (must be 5 by 8/1/17)	6th Grade (must have completed 5th grade)
1st Grade (must be 6 by 8/1/17)	7th Grade (must have completed 6th grade)
2nd Grade (must have completed 1st grade)	8th Grade (must have completed 7th grade)
3rd Grade (must have completed 2nd grade)	

***A copy of each child's BIRTH CERTIFICATE and most current IMMUNIZATION record REQUIRED**



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Family Information

Father's Name * First _____ Last _____

Father's Mobile Phone * _____

Father's Additional Phone _____

Father's Email Address _____ @ _____

Mother's Name * First _____ Last _____

Mother's Mobile Phone * _____

Mother's Additional Phone _____

Mother's Email Address _____ @ _____

Family Address: Street* _____

City * _____ State * _____ Zip Code * _____

Home Phone * (____) _____ - _____

Primary Language Spoken at Home * _____

Emergency Information

Emergency Contact #1*: Name: _____

Phone Number: _____ Permission to Pick Child up from School? _____ (Yes or No)

Emergency Contact #2*: Name: _____

Phone Number: _____ Permission to Pick Child up from School? _____ (Yes or No)

Emergency Contact #3*: Name: _____

Phone Number: _____ Permission to Pick Child up from School? _____ (Yes or No)



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Health/Medical Information

If any of my children are in need of medical assistance, I prefer you take them to the following hospital: *

My children's primary care physician's contact information is:

Doctor's Name*:

Phone Number*:

If any of your children have any allergies, please list their name and the allergies here: *

If any of your children have any medical conditions, please state them here: *

Under the supervision of Al Manara Academy administration, I give permission for my children to be given the following medication*

- Children's Tylenol (or generic equivalent)
- Children's Ibuprofen (or generic equivalent)
- Children's Benadryl (or generic equivalent)
- Visine Allergy
- Visine (regular)
- Children's Mylanta

Please consult your child's primary care provider and see if your child is fully immunized by his/her age.

You must submit a copy of each child's most recent immunization record with this

application. If you fail to do so, Al Manara Academy will not process your child's registration. The Missouri Department of Health requires that schools keep track of immunizations and the Al Manara Academy administration is required by law to make sure your child is up to date on receiving his/her immunizations. *

I agree

Parent Signature: _____



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Important School District Information

What school district do you live in? * _____

Example: Parkway School District or Mehlville School District (If you are unsure of the name of the school district that you live in please visit

<http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?ref=addr&refresh=t> and enter your address. It will tell you which school district you live in).

What school near your home would your child attend if they were in the public school system? (please list the name of the school, not the district) * _____

Hifz Program

Are any of your children going to be enrolled in the Hifz program*?

No

Yes (\$100/month per child) Please list the names of the children being enrolled in the Hifz program:



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TUITION FEES FOR 2016-2017 Full-Time Preschool: (7am-2pm) \$4,500 per year Part-Time Preschool: (7am-11am) \$3,000 per year KG through 8th \$4,000 per year Hifz program add \$1000 per year (Students must have a 3.2 GPA to qualify and must be able to read Quran independently.) DISCOUNTS 2nd Child 10% off 3rd Child 15% off 4th Child 20% off

Enrollment Agreement*

Upon the agreement of the other party to the terms of this contract, Al Manara Academy shall enroll my child as a student in the school for the 2017-2018 academic school year and provide him/her with the suitable educational program and services as prescribed for his/her level. I agree to the following:

1. Abide with all the policies, rules, and regulations of Al Manara Academy including but not limited to the Parent Student Handbook, all Curriculum Guides, and the Discipline Policy. *
2. Provide the school with all the necessary documents that are listed in the admission policy. *
3. Fulfill all the financial obligations on time. *
4. Pay for textbooks, tuitions and other dues on time. *
5. If the tuition is not paid on time, the parent understands that Al Manara Academy has the right to withhold the school records of my child. The records will not be released to any school until all fees are paid in full. *
6. Al Manara Academy holds legal rights to contract a collection agency if the tuition is not paid. *
7. Provide completed immunization records. Without these records, my child will not be able to attend school. *
8. If I disagree at all with any policy or curriculum matter I understand I must submit my concerns in writing and go through the proper channels with my concerns as outlined in the Parent/Student Handbook. *
9. I agree not to show any form of disrespect towards the faculty, staff or administration of Al Manara Academy (i.e. yelling, aggressive physical contact, slandering, backbiting, etc.). *
10. I agree not to discuss anything about Al Manara Academy via email, Facebook, twitter, or verbal conversation in any way that may, intentionally or unintentionally, cause reputational harm to the school or any of its faculty. *
11. Al Manara Academy has no legal obligations toward my child before and after school. I understand that my child(ren)'s babysitter and I are held responsible before and after school hours. (Please see dismissal agreement). *
12. I have read the Al Manara Academy Parent Student Handbook (available on the website) and my child and I fully understand the contents of the discipline policy and are willing to abide by it. *

I agree

Parent Signature: _____



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Enrollment Agreement Statement*

I, the parent/guardian of this student/applicant agree to the terms of this contract. I realize that my child will be denied the privileges and the services offered by the Al Manara Academy if I fail to honor this contract. I have also read and understand the financial policy of the school. *

I agree

Dismissal Agreement*

I, the parent/guardian of this student/applicant agree to pick up my child by 2:15 Monday-Friday. The school, which includes all the faculty and staff, will not be responsible for my child(ren) after 2:15pm. *

I agree

Tuition Agreement*

Tuition is divided into 10 monthly payments. The first payment must be made to the Al Manara Academy office by August 20, 2017. The remaining payments will be billed by SMART Tuition and may be set up through automatic withdrawal, paid online, or mailed to Smart Tuition by the 20th of each month, September 2017 through May 2018. *Late charges may apply if the payment is received after due date.

I agree

My signature below indicates I have read, understand, agree to, and will follow all of the policies of Al-Manara Academy.

Parent Signature: _____



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TO BE FILLED OUT BY STUDENTS TRANSFERRING FROM ANOTHER SCHOOL:

Please fill out the following information so that we may obtain your child's records from their previous school. These will include all academic, disciplinary, and immunization records.

Today's Date * / /

Request for Records

Dear administrator,

Please send all records pertaining to the student whose name is as follows. Please include all academic, disciplinary, and immunization records for this student.

Please forward all records to: Al Manara Academy
929 Big Bend Road
Manchester, MO 63021
Phone: (314) 480-5659

Sincerely,

Jamal Abdul-Hafidh
Principal

Student Name * First _____ Last _____

School Name * _____

School Address * _____

School Phone * () - _____ School Fax * () - _____

Parental Release *By selecting "I Agree" below I, the parent/guardian of the above mentioned student give consent to release all records pertaining to my child's education and transfer them to Al Manara Academy.

I Agree _____

Parent Signature: _____