



- Applications are accepted on a first come, first served basis. **Priority will be given to students who meet Al-Iman assessment requirements and overall performance of the student.**
- ONLY COMPLETE applications will be accepted, posted and given appointments for in-house testing. Students must pass their in-house assessment and a review of previous school records before they can be accepted.
- Parents/Guardians completing the application on –line have **14calendar days** to submit the supporting documents. **After this time, the application will be considered INACTIVE and the parents will be notified by email that the application is inactive**
- Incomplete applications will not be scheduled for testing. Incomplete applications will be considered INACTIVE and will be returned to mailing address listed on the application.
- **APPLICATION DEADLINE is the first working day of December.**

Year: 2017-2018

Grade _____

Mission Statement

Al-Iman School shall, provide an Islamic environment that offers quality education and leadership skills to develop global awareness and 21st Century skills.

Notice of Nondiscriminatory Policy

Al-Iman school admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered program.

***Restrictions**

***305b(2). Restrictions: Children with emotional, learning, and behavioral disabilities cannot be accepted at Al-Iman School, as programs are not available to meet the needs of these children.**

Current Admission Requirements for 2017-2018:

- 1. **\$300 non-refundable application fee per child or \$500 per family**
- 2. Copy of most recent report cards **showing student is at grade level for all core subjects and has no current PEP***
- 3. Copy of most recent standardized test scores **showing student is at grade level ("3" or above)**
- 4. Copy of Birth Certificate or Passport
- 5. Up-to-date Immunization/Shots Record
- 6. For PreK – 3 or 4 year Physical from Doctor
- 7. For PreK – Child must be 3 -4 years of age by AUGUST 31st, 2017 to apply for the PreK program.
- 8. Kindergarten Health Assessment from Doctor for KG only
- ***After all of the above items have been submitted, your child will be scheduled for an in-school assessment.*****
- 9. In-School Assessment (Appointments will be scheduled in May and June).
- 10. Parent Interview (for Middle School only)
- 11. Review of all documents by Admissions Committee.
- 12. Admissions Decision Letter will be mailed to your home address as listed on the application.

**Parents, this application & the above documents must all be submitted at the same time as an application packet. Incomplete applications cannot be accepted and the parents will be notified by email that the application is inactive.
(no exceptions)**

****TUITION AND FEES ARE SUBJECT TO CHANGE***

WAIVER OF ACCEPTANCE IF YOU ARE APPLYING FOR PreK & KINDERGARTEN

I understand that acceptance of this application is contingent upon initial screening with the PreK / KG teacher(s).

Parent's Signature: _____ Date: _____

FOR OFFICE USE ONLY: R/E I/H Appt. I/H Test Prev. Sch. Rec. Req. Prev. Sch. Rec.Recd
 AL HM HM-A SR SR-C



REQUIREMENTS FOR REGISTRATION

For the 2017-2018 Academic Year at Al-Iman School

1. The student **must be five by August 31st** for Kindergarten. Students who complete five on or before December 31 may also be considered for acceptance based on the following conditions:
 - Space availability
 - Successfully passing a Psychological Evaluation administered by a certified child psychologist
 - Successfully passing a school Readiness Evaluation administered by school personnel
 - Children who turn five after December 31 will not be eligible for enrollment in Al-Iman School
2. Submit a completed admission application form. Acceptance is based upon a "first come first served" basis. Submitting an application does not reserve a space for your child. Once the school receives the completed application with all required documents, a decision for acceptance will be made.
3. Copy of Certified birth certificate, passport or similar legal documentation of birthdate.
4. A non-refundable application fee of \$300*. (*Registration Fee subject to revision)
5. **Kindergarten and First Grade Health Requirements** (See your child's physician for state mandated updates or changes.)

An updated immunization record. Medical evidence of the following immunizations must be submitted.

 - ✓ Five (5) doses (diphtheria, tetanus, and pertussis). If the fourth dose (booster) is given on or after the fourth birthday, the fifth dose is not required.
 - ✓ Four (4) oral polio vaccines doses (OPV), the booster (4th) dose is required on or after the 4th birthday and before entering school for the first time.
 - ✓ Two MMR (measels, mumps and rubella) doses with the first dose is given on or after the first birthday and a second dose given before entering school.
 - ✓ Varicella Vaccine, 2 dosed administered at least 28 days apart, with the 2nd dose before entering school for the first time.
 - ✓ At least one dose of Maemophhiilus influenzae b (HbOC, or PRP-OMP), given on or after the first birthday and before five years of age.

✓**North Carolina law requires that a kindergarten health assessment be completed on or before the first day of school before a child can enter kindergarten.** The health assessment must be completed no more that 12 months prior to the date of entry. Physical examination forms are available at your doctors office or the Wake County Health Department. Parents whose children do not have a regular doctor can get health assessments and immunizations through the Wake County Health Department.
6. **Seventh Grade Immunization Requirements** (See your child's physician for state mandated updates or changes.)
 - ✓ Booster dose of Tdap (Teatanus, diphtheria and pertussis) for individuals who have not previously received it and are entering 7th grade
or by 12 years of age whichever comes first.
 - ✓ Meningococcal conjugate vaccine (MCV)-2 doses. One dose for individuals entering 7th grade or by 12 years old whichever comes first.
7. Certified copies of the most recent transcripts and school reports from previous schools or the completion of **"REQUEST FOR RELEASE OF PREVIOUS SCHOOL RECORDS"** in the application package.

RESTRICTIONS

- R1. All new students may be tested to assess their command of the English language. Acceptance may be influenced by the test results.
- R2. After accepting a child, if it is determined that he/she has inadequate familiarity with the English language, the child may be asked to transfer to an ESL program as such programs are not available at Al-Iman.
- R3. Children with emotional problems, severe learning disabilities, etc., can not be accepted at Al-Iman school as programs are not available to meet the needs of these children.
- R4. After accepting a child, if it is determined that he/she has emotional or behavioral problems and/or severe learning disabilities, etc., the child may be asked to leave after professional consultation has taken place.



Application for Admission

Please Be Aware That Your Child Will Not Be Enrolled Until We Receive All Required Documents: School Transcripts, School Report Cards From All Previous Grades, School Test Scores, Birth Certificate, Shot Records and Recent Health Records

Grade for 2017-2018 _____

Have you previously applied to Al-Iman? _____ Have you ever been enrolled at Al-Iman? _____ (year)

1a. Name of Student: _____
Last First Middle

1b. Date of Birth: _____ / _____ / _____ Place of Birth: _____
Month/Day/Year City State/Country

2. Address: _____
Street Address City State Zip Code

3a. Home Telephone : (_____) _____ - _____ 3b. Father's Email: _____
3c. Mother's Email: _____

4a. Names of Parents: _____ (Fathers) _____ (Mothers)

4b. Occupation: _____ (Fathers) _____ (Mothers)

5. Work Phone #: _____ (Fathers) _____ (Mothers)

6. Cell Phone #: _____ (Fathers) _____ (Mothers)

7. Student Lives with: Both Parents Mother Father Others _____

8. Name(s) and Grade(s) of Siblings attending Al-Iman School: _____

9. Race: Asian/Black-African/Caucasian/Other Country of Origin: _____ Citizenship: _____
(Circle One)

10. Medical History

10a. Does the student have any medical problems which the school should be aware of ?

Yes No If yes, explain: _____

10b. Is the student on any type of regular medication?

Yes No If yes, explain: _____

10c. Does the student have any allergies to specific food or medications?

Yes No If yes, explain: _____

10d. *Is this a special needs student? Does the child have a current PEP*? *

***305b(2). Restrictions: Children with emotional, learning, and behavioral disabilities cannot be accepted at Al-Iman School, as programs are not available to meet the needs of these children.**

10e. *Does this student have ESL needs? Explain**

****305b(1). Restrictions: After accepting a student, if it is determined that he/she has inadequate familiarity with the English language; the child may be requested to transfer to a school with an ESL program. Presently, ESL classes are not available at Al-Iman School.**

11. Does the student have Health/Medical Insurance ? Yes No
If yes, Company: _____ Policy #: _____ Group #: _____

12. In the event that a medical emergency arises and you cannot be reached, do you authorize Al-Iman School to undertake the steps necessary for treatment of your child? Yes/No _____
(circle one and sign)



FOR PRE-K: Health and Social Records (for Pre-K ONLY)

Student Information:

1a. Name of Student: _____
Last
First
Middle

1b. Nickname: _____ 1d. Height: _____ 1e. Weight: _____

Parent Information:

2a. Names of Parents: _____ (Father) _____ (Mother)

2b. Work Phone #: _____ (Father) _____ (Mother)

2c. Cell Phone #: _____ (Father) _____ (Mother)

3. Has your child been in child care before? Yes No If so what type? _____

3a. Child's Doctor: _____ 3b. Doctor Phone: _____

3c. Doctor's Office Address: _____

Health & Social Questionnaire:

4. Is your child toilet trained***? Yes No

Due to sanitary issues ,pull-ups will be allowed for transitioning period only.

*****305a. Admission Requirements**

Preschool 4 year old: The student must be fully potty-trained

5. Does your child have an existing condition that Al-Iman should be aware of? Yes No
 If yes, please explain: _____

6. Do you think your child is functioning at age level? Yes No
 If no, please explain _____

7. Is your child able to walk? Yes No
 Explain _____

8. Is your child able to communicate with others? Yes No
 Explain: _____

9. Is English the primary language used in the home? Yes No
 If no, what language is spoken in the home? _____

10. Does your child have a special or restricted diet? Yes No
 If yes, please explain: _____

11. Does your child have eating difficulties? Yes No
 If yes, please explain: _____

12. Does your child require any medication, therapy, treatment or medical assessment while in Pre-School? Yes No
 Explain _____



FOR PRE-K: Health and Social Records (for Pre-K ONLY)

Health & Social Questionnaire (Continued):

13. Comments & Additional information _____

Correct and Complete Information: To the best of my knowledge, the information I have provided and the statements I have made in this Health and Social Record are correct and complete. I understand that false information provided herein or in connection with the enrollment process may result in immediate dis-enrollment of my child. I further agree to update the information in this Health and Social Record as circumstances may require at Al-Iman Preschool's request.

Parent's Signature

Date



STUDENT EMERGENCY FORM

1a.. Name of Student: _____
Last First Middle

1b. Date of Birth: _____ / _____ / _____ 1C. Place of Birth: _____
Month/Day/Year City State/Country

2. Address: _____
Street Address City State Zip Code

3. Home Telephone Number: (_____) _____ - _____
Area Code

In case of emergency, illness or accident to the child, or in case of immediate suspension or expulsion of the child, Al-Iman school is authorized to contact the persons listed below in the order indicated:

4. Names of Parents: _____
Father Mother

5. Work Phone #: _____
Father Mother

6. Cell Phone #: _____
Father Mother

7. If neither father nor mother can be contacted, call:

7a. Name: _____ 7b. Relationship: _____ 7c. Phone: _____

8a. Child's Doctor: _____ 8b. Phone: _____

8c. Office Address: _____

9a. Child's Dentist: _____ 9b. Phone: _____

9c. Office Address: _____

10. Does the child have special medical conditions or diseases? _____
(If none, please write "none".)

I hereby agree that Al-Iman School may authorize the physician of its choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

11. Signature of Parent: _____ Date: _____



BASIC RULES FOR PARENTS

It is hereby understood that the education of my child is a joint effort between Al-Iman School and my family. Therefore, as a parent (or guardian) of:

Student's First and Last Name (Please print clearly.)

I assume, Insha'Allah, total responsibility for ensuring the following:

1. I will become aware of and understand school policies and regulations. These will be updated throughout the school year.
2. I will make sure that my child(ren) are properly prepared for school each day:
 - In the proper school uniform which shall be purchased from the AL-Iman School uniform store. This includes proper footwear, head wear and physical education attire on PE days.
 - Arrive/leave the school on time.
 - Bring the proper school supplies to school daily.
 - Be well-rested and well-prepared for class daily.
3. I will make certain that my child(ren) completes all homework and school projects fully.
4. I agree to submit a Tuition Automatic Withdrawal Form with a voided check with this application and to have my account debited on the 15th of each month for the charges authorized.

I understand and agree to a penalty fee of \$30.00* for any NSF items.

I understand that if my account is not current by the 27th of the month, this may result in the immediate suspension of my child.

I also understand that report cards and other official school transcripts **will not be distributed until the tuition has been completely paid.**

5. In case of absence due to illness or family emergencies, I will notify the school office by sending a written note. Furthermore, I understand that **fees will not be refunded** for classes missed due to absence.
6. I agree to pay the annual, non-refundable Educational Materials and Supply fee and to pay any fines assessed for lost and/or damaged books and other school materials as the need may arise.
- *7. **I agree to purchase all school uniforms worn by my child(ren) from the Al-Iman School authorized vendors (information available on website), I agree to send my student to school dressed in a proper uniform daily.**
8. **I understand that I have to serve 20 hours per year of community service.**

I further understand that in the event of my child withdrawing or transferring to another school, transcripts from Al-Iman School will be withheld until all past due fees, fines and tuition are settled.

By signing this application, I agree to abide by the policies and regulations of Al-Iman School. To the best of my knowledge, the information I have given is true. I understand that any misrepresentation of facts on this application may be cause for refusal of admission, financial aid, cancellation of admission, or suspension from the school.

9. Signature of Parent (or Guardian): _____ **Date:** _____

*** Fees subject to change**



IMPORTANT SCHOOL POLICIES

1a. Attendance Policy-Absences

If at any time a child is to be absent from class due to illness or a previously scheduled appointment, **parents must call in** to report the absence of a child each day before 8:30 a.m. Unconfirmed absences will require the school to call the home to check on the absence of a child. Upon returning to school, students must bring a note from the parent or guardian stating the reason for the absence. Students absent due to contagious illness (measles, etc.) must bring a doctor's note stating that the student's return to school does not jeopardize others.

Twenty absences from any given class in one academic year may result in the need for the child to repeat the class or possibly be retained to repeat the entire academic year. Unexcused absences will result in disciplinary action as well.

To be counted present a student must be in attendance at least one-half of the student school day. A student shall be in his/her assigned area at the beginning of the school day and the beginning of each class or be recorded as tardy.

An absence is excused if the following conditions exist: 1) Illness or injury, which makes the student physically unable to attend school, 2) Death in family or 3) Medical, dental, or other appointment with a health care provider approved in advance.

Absences not classified as excused are unexcused. The student is responsible for submitting a note signed by the parent citing the reason for an absence to the main office. Failure to comply with the above will result in the absence being unexcused. For each excused absence day the student will have two days to make up any homework and/or class work missed. After the allotted time the teacher will average a zero for any incomplete assignments.

1b. Attendance Policy-Late Arrival (Tardy)

Students must report to homeroom **by 7:50 a.m.** when homeroom activities begin. The 1st period class starts at 8:00am. **Students are late at 8:01 am.** Parents are to understand that arriving to school late means that the child will miss out on valuable instruction. This may put the child behind in his or her schoolwork. **Three tardies are equivalent to one absence.** Students with more than 5 tardies in a given grading period will be subject to disciplinary action.

2. Inclement Weather Conditions

In case of snow or other dangerous weather or emergency situations, a decision may be made to close or delay school. Listen to local TV and radio stations for the latest information concerning the closings and delays of school. **WHEN WAKE COUNTY SCHOOL SYSTEM CLOSES, DELAYS, OR DISMISSES SCHOOL EARLY DUE TO BAD WEATHER, THEN AL-IMAN WILL DO LIKEWISE** for parent and student convenience. The order of makeup days will be listed on the school calendar.

3. Pick Up Policies for Regular Pick Up and Early Release Pick Up

Students are dismissed daily at 3:25 pm. Students not picked up by 4:00 pm will be sent to the After-School Program and a late fee will be added to the next tuition payment **(\$10.00 per family for every 15 minute increments after 4:00 pm).** Early Release days are listed on the school calendar and students must be picked up at 11:45 am. There will be a late pick up fee of **\$10.00 per family for every 15 minute increments after 12:00pm** added to the next tuition payment. Students currently enrolled in the After-School Program will be taken to the computer lab at 11:45 am where they will follow the After-School Program schedule.

4. Uniform Policy

Uniforms MUST be purchased at cost from Al-Iman School **authorized vendors as listed on the school's website.** No other uniform will be accepted. (Exception: Gym pants may be purchased at your store of choice and must be solid navy blue. No words or images are permitted on gym pants, and they can have white stripes only.)

I have read and agree to follow the above mentioned policies.

Parent's Signature _____ Date _____



REQUEST FOR RELEASE OF PREVIOUS SCHOOL RECORDS

Note to Parents/Guardian

Please complete this form and we will send it directly to the last school attended by your child.

PREVIOUS SCHOOL ATTENDED WAS: () PRIVATE () CHARTER () MAGNET () PUBLIC () HOME SCHOOL

I hereby authorize the:

Previous school attended _____

Previous school Address _____

Phone Number _____ Fax Number _____

to release pertinent information from the record of: _____
(Name of the Student)

with a date of birth of _____ to Al-Iman School.

I understand that the information released will remain confidential.

Signature of Parent: _____ Date: _____

Note to Previous School: A request has been made to Al-Iman School to provide educational services for the above-named student. We request that you provide from your files all material that might be helpful in working with this student.

Copies of the following school information are hereby requested.

1. Grade records or official school transcripts
2. A copy of all psychological evaluations, including the following test scores:
 - a. Group and Individual Intelligence Tests (include Profile Sheet)
 - b. Achievement Test Reports
 - c. Any other tests given
3. Individual Education Plan or similar plan (if applicable)
5. Health Records
6. Attendance Records
7. Transfer Record
8. Dated samples of the student's work or student portfolio

Please send copies of such information material to:

**Al-Iman School Admissions
 3020 Ligon Street
 Raleigh, NC 27607**



Authorization for Release of Discipline/Behavior Records

Note to Parents/Guardian

Please complete this form and we will send it directly to the last school attended by your child.

PREVIOUS SCHOOL ATTENDED WAS: () PRIVATE () CHARTER () MAGNET () PUBLIC () HOME SCHOOL

1. I hereby authorize the:

Previous school attended _____

Previous school Address _____

Phone Number _____ Fax Number _____

to release all information from the disciplinary/cumulative record from the record of:

_____, Date of birth: _____ to Al-Iman School.
(Name of the Student)

2. I understand that the information released will remain confidential and be used in the admissions process.

Name of Parent: _____

Phone Number: _____ Email : _____

Signature of Parent: _____ Date: _____

Note to Previous School: A request has been made to Al-Iman School to provide educational services for the above-named student. We request that you provide from your files all material that might be helpful in working with this student.

Copies of the following school's disciplinary and behavior records are hereby requested.

1. Copies of all disciplinary records.
2. Copies of all Behavior Action Plans, Behavior Logs and any other documents relating to behavior.
3. A copy of all psychological evaluations.

Please send copies of such information material to:

**Al-Iman School Admissions
3020 Ligon Street
Raleigh, NC 27607**

Or you may fax copies to (919) 821-2988.

If you have any questions, please contact the front office at (919) 821-1699 or email front.office@alimanschool.org between 8:00 am and 3:50 pm, Monday thru Friday.



Yearly Tuition And Other Fees * (*Tuition and fees are subject to change)
2017-2018 Tuition* and Fees*

Ten payments (discount applies for more than one child per family)

Grade	1 st Child	2 Children	3 Children	4 Children	5 Children	Option Info
KG – 5 Yearly Tuition	\$5,650.00	\$10,800.00	\$15,900.00	\$18,820.00	\$21,800.00	The parents have the option to pay the tuition in 10 installments
6th – 8th Yearly Tuition	\$5,950.00	\$11,350.00	\$15,900.00	\$18,820.00	\$21,800.00	

<i>PreK Yearly Tuition</i>	<i>Half-Day Fee 8:00 am -11:45 am</i>	<i>Full-Day Fee 8:00 am – 3:30 pm</i>	<i>Comment</i>
Tuition	\$4,250.00	\$6,050.00	Yearly
Late Pick up Charge	\$5.00 per 15 minutes	\$5.00 per 15 minutes	Applied after 12:00pm/3:30pm

Education Materials & Other fees:
\$400.00 * (Non-Refundable, One Time Per Student)

NOTE: Student uniforms must be purchased from one of the three authorized vendors. This information is available on our website.

Uniforms are not included in the tuition and other fees.

Tuition/Fees Policies:

- All tuition and material fee payments must be made by automatic withdrawal only.
- Automatic withdrawals will be processed by the bank on the 15th of each month.
- Tuition can be paid by the month, the quarter or the year.
- 1st Installment of the Tuition and Educational Materials Fee will be processed on August 15th, 2017.
- A \$30.00* penalty is applied to NSF transactions (insufficient funds).
- Accounts that are not current by the 27th of the month may result in the immediate suspension of the student.
- No child will be re-enrolled to the school if there is an outstanding tuition or other fees from the previous year
- Payment Options (Please select one)*****

a. Provide us with your Routing Number _____ and
Account Number _____ and Name of Bank _____.

This information is required for all online applications.

b. Submit a voided check to the Front Office of Al-Iman School with the application or within 7 business days if submitting online.

*****Applications without banking information are not considered complete and will not be accepted.**

By signing below, you are agreeing to pay a \$300 Application Fee along with this application. The Application Fee can be paid by check, money order or automatic withdrawal using the banking information provided above. By signing below I acknowledge that I have read, understood and completed this form and that I have authorized the deduction of a specified amount from my account for direct deposit into the account of Al-Iman School.

Full Name: _____ Phone: (____) _____ - _____

Email Address: _____