

Charlotte Islamic Academy



2017-2018

NEW STUDENT REGISTRATION APPLICATION

Student Name: _____ **Grade:** _____

For Office use only:	New/waiting list _____
Submission Date _____	
Registration Fee Paid: _____	Payment Type _____
1 st Month Tuition payment: _____	Payment Type _____
PayHub Fee: _____	Payment Type _____
Book Fee paid: _____	Payment Type: _____
Testing Fee Paid: _____	Payment Type: _____
Uniform Fee Paid: _____	Payment Type: _____
Registration Completed ____/____/____	
Immunization	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>
School Records/Forms	<input type="checkbox"/>
Automatic withdrawal Form	<input type="checkbox"/>
Financial Agreement	<input type="checkbox"/>

EMERGENCY CONTACT INFORMATION

In the event that a medical emergency arises and you can not be reached, do you authorize Charlotte Islamic Academy to undertake the steps necessary for the treatment of your child? Yes No
I, undersigned, give permission to school official to act in my behalf in emergency situations to obtain medical treatment for my child. I agree to accept full responsibility for the payment of all ambulance, hospital, and physician's bills or charges for any services rendered.

X _____
Signature of Parent/ Guardian

Indicate the person other than parents to be contacted in case of an emergency:

Name Relationship Phone number during school hours

Name Relationship Phone number during school hours

MEDICAL HISTORY

Does the student have any persistent medical problems? Yes No

Diabetes? Yes ____ No ____ Convulsions? Yes ____ No ____ Heart trouble? Yes ____ No ____

Other medical problems? _____

Is the student taking medication regularly? Yes No

If yes, please explain _____

Does the student have any allergies to specific foods or medications? Yes No

If yes, please explain _____

Does the student have any mental disabilities? Yes No

If yes, please explain _____

Does the student have any learning disabilities? Please check what's applicable:

ADHD _____, ADD _____, Other _____

Volunteer Information

All parents are required to complete 10 hours of mandatory school service during the academic year. Please check type of service you will provide.

- ___ Assisting with CI Academy Fundraising events
- ___ Being a Homeroom Parent
- ___ Scholastic Book Fair (once in a year for a week)
- ___ Picture day Event (once in a year for a day)
- ___ Field Day (Preparation and the actual day)
- ___ Hajj Program
- ___ Quran Competition
- ___ Graduation (Preparation and the actual day)
- ___ Science Fair Day (All Day)
- ___ Assisting classroom teachers (i.e. copying, collating papers)
- ___ Teaching extra-curricular programs once a week (computer skills, sewing, arts & crafts, Quran, Arabic, sports, other)
- ___ Cleanup – (re-arrange classrooms, dusting, cleaning, etc)
- ___ Painting various rooms in the building
- ___ Other: _____

Financial Aid only applicable for students in KG – 12 grade.

Are you applying for financial aid? Yes No *If yes, please fill out the financial aid application*

If yes, please fill out the following:

Total Household Income?	\$
How many persons in household?	_____ adults _____ children
Amount you can pay?	\$

** This is not considered the official financial aid form. **Guardians must still apply for financial aid separately.***

STUDENT FILE NOTE

Parents should submit copies of the following records:

- Birth Certificate
- Immunization Record
- Previous School Records

**All records must be
submitted with the
application**

By signing this application, I agree to abide by the policies and regulations of Charlotte Islamic Academy. 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.

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

Signature _____ Date _____

Charlotte Islamic Academy

Student Emergency Info

2017-2018

Student Information

Grade: (2017-18) _____

Last name: _____ First name: _____ MI: _____

Sex: Male Female Date of birth: _____

Lives with: Parents Father Only Mother Only Other (specify) _____

Home Information

Home Address: _____

Home Phone: _____

1st Language spoken at home: _____ 2nd Language: _____

Parent Information

Father's full name: _____

Father's Work ph: _____ Father's Cell Ph: _____

Mother's full name: _____

Mother's Work ph: _____ Mother's Cell Ph: _____

Emergency Contacts

List in priority order the names of parents or persons the Academy should contact in case of an emergency.

	Name	Relationship to Child	Daytime Phone
1 (local)	_____	/	/
2 (local)	_____	/	/
3 (local)	_____	/	/
4 (local)	_____	/	/

List in priority order the names of persons (including parents) authorized to sign child out of school. Photo identification required for student pickup.

1 _____	4 _____
2 _____	5 _____
3 _____	6 _____

Medical Conditions

Please put a check mark in front of any condition if that applies to your child.

On Medication Limited Activity Bee Sting Allergy Ant Sting Allergy
 Peanut Allergy Allergy Medications Vision problem Diabetes Heart Problems
 Hearing Problem Seizure Disorder Other Allergies Contact lens Asthma

Medical Comments:

Please explain below if any condition is checked (severity, frequency...)

Medical Emergency policy: Minor first aid will be administered by the Academy staff. Parents and emergency contacts will be called for injuries/illness beyond our ability to handle. "911" will be called to assist in event of serious illness or injury. The Academy emergency policy is in effect for all students. Your child's attendance in the school signifies your acceptance of this policy.

Signature: _____ **Date:** _____