



- Applications are accepted on a first come, first served basis.
- **ONLY COMPLETE** applications will be accepted, posted and given appointments for in-school testing. **Students must pass their in-school assessment and a review of previous school records before they can be accepted.**
- Incomplete applications will not be scheduled for testing.
- **APPLICATION DEADLINE is April 13, 2018**

Year: 2018 - 2019

Grade           

**Mission Statement**

To provide affordable, high quality elementary education that is guided by Islamic morals in a safe and stimulating environment that nurtures a strong Muslim identity, creativity and intellectual development.

**Notice of Nondiscriminatory Policy**

Al-Huda Academy 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, and scholarship and loan programs, and athletic and other school-administered program.

**New Admission Requirements for 2018-2019:**

1. **\$100 non-refundable application fee per child or \$200 per family of 3 or more**
  2. Copy of most recent report cards
  3. Copy of most recent standardized test scores
  4. Copy of Birth Certificate or Passport
  5. Up-to-date Immunization/Shots Record
  6. For Pre K - 3 or 4 year Physical from Doctor
  7. For Pre K - Child must be 3 - 4 years of age by **SEPTEMBER 30<sup>TH</sup> 2018** to apply for the Pre K 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. Review of all documents by Admissions Committee.
  11. 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 to be considered complete.  
(No Exceptions)**

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

**WAIVER OF ACCEPTANCE IF YOU ARE APPLYING FOR Pre K & KINDERGARTEN**

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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REQUIREMENTS FOR REGISTRATION

For the 2018-2019 Academic Year at Al-Huda

1. The student **must be five by September 30<sup>th</sup>** for Kindergarten. Students who turn five years old 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-Huda
2. Submit a completed admission application form. Acceptance is based upon a “first come first serve” 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 **\$100\***. (**\*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 (measles, 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 doses 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 than 12 months prior to the date of entry. Physical examination forms are available at your doctor’s office or the Durham County Health Department. Parents whose children do not have a regular doctor can get health assessments and immunizations through the Durham County Health Department.
8. 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-Huda.
- R3. Children with emotional problems, severe learning disabilities, etc., cannot be accepted at Al-Huda Academy 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 2018-2019 \_\_\_\_\_

Have you previously applied to Al-Huda? \_\_\_\_\_ Have you ever been enrolled at Al-Huda? \_\_\_\_\_ (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. Home Email: \_\_\_\_\_

*Area Code*

4a. Names of Parents: \_\_\_\_\_ (Father) \_\_\_\_\_ (Mother)

4b. Occupation: \_\_\_\_\_ (Father) \_\_\_\_\_ (Mother)

5. Work Phone #: \_\_\_\_\_ (Father) \_\_\_\_\_ (Mother)

6. Cell Phone #: \_\_\_\_\_ (Father) \_\_\_\_\_ (Mother)

7. Student Lives with:  Both Parents  Mother  Father  Others \_\_\_\_\_

8. Name(s) and Grade(s) of Siblings attending Al-Huda Academy: \_\_\_\_\_

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 IEP? \_\_\_\_\_

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

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-Huda Academy 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. Date of Birth:   /  /   Place of Birth: \_\_\_\_\_  
*Month/Day/Year*
*City*
*State/Country*

1c. 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. Does your child have an existing condition that Al-Huda should be aware?  Yes  No  
 If yes, please explain: \_\_\_\_\_

5. Do you think your child is functioning at age level?  Yes  No  
 If no, please explain: \_\_\_\_\_

6. Is your child able to walk?  Yes  No  
 Explain: \_\_\_\_\_

7. Is your child able to communicate with others?  Yes  No  
 Explain: \_\_\_\_\_

8. Is English the primary language used in the home?  Yes  No  
 If no, what language is spoken in the home? \_\_\_\_\_

9. Does your child have a special or restricted diet?  Yes  No  
 If yes, please explain: \_\_\_\_\_

10. Does your child have eating difficulties?  Yes  No  
 If yes, please explain: \_\_\_\_\_



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

**Health & Social Questionnaire (Continued):**

15. Is your child toilet trained?  Yes  No

16. Does your child require any medication, therapy, treatment or medical assessment while in Pre-School?

Yes  No

Explain \_\_\_\_\_

17. 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 un-enrollment of my child. I further agree to update the information in this Health and Social Record as circumstances may require at Al-Huda 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-Huda Academy 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: \_\_\_\_\_  
8b. Phone: \_\_\_\_\_

8a. Child's Doctor: \_\_\_\_\_

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".)

11. In case of an emergency, what is the preferred hospital you want your child to be transported to:  
\_\_\_\_\_

I hereby agree that Al-Huda Academy 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.

12. Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_



## STUDENT BILINGUAL SURVEY

Name of Student: \_\_\_\_\_ Grade Applying for: \_\_\_\_\_  
*Last First Middle*

Parents' Native Country: \_\_\_\_\_  
*Father Mother*

Parents' Native Language: \_\_\_\_\_  
*Father Mother*

What language is most often spoken by parents in the home? \_\_\_\_\_

### QUESTIONS APPLY TO THE STUDENT ONLY

1. What is the first language your child learned to speak? \_\_\_\_\_
2. What language is most often spoken to the child in the home? \_\_\_\_\_
3. What language does your child speak most often? \_\_\_\_\_
4. Besides languages studied in school, does your child speak any language other than English?  
If so, what language? \_\_\_\_\_
5. Which one of the following categories best describes your child? *Mark one only.*
  - Speaks only a language other than English \*Please note that language \_\_\_\_\_
  - Speaks mostly a language other than English \*Please note that language \_\_\_\_\_
  - Speaks English and another language equally well
  - Speaks mostly English
  - Speaks only English

I hereby testify, to the best of my knowledge, that the above information is correct and accurate.

I fully understand that English is the instruction language at Al-Huda Academy, and that it is essential for my child to have adequate command of the English language in order to perform well.

I also understand that if my child is shown to have difficulties because of inadequate familiarity with the English language, then Al-Huda Academy may ask that the child be withdrawn and placed by parents in an ESL program (English as a Second Language). I do understand that Al-Huda Academy **does not** have an ESL program.

6. Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_



## BASIC RULES FOR PARENTS

It is hereby understood that the education of my child is a joint effort between Al-Huda Academy 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:
  - The proper school uniform shall be purchased and worn every day. 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 1<sup>st</sup> 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 10<sup>th</sup> 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). I agree to send my student to school dressed in a proper uniform daily.**
8. **I understand that I have to serve 10 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-Huda 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-Huda 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.

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 10:00 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 classroom **by 8:30 am** when classroom activities begin. The 1<sup>st</sup> period class starts at 8:30 am. **Students are late at 8:45 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. **Five 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 DURHAM COUNTY SCHOOL SYSTEM CLOSSES, DELAYS, OR DISMISSES SCHOOL EARLY DUE TO BAD WEATHER, THEN AL-HUDA 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 3:45 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 (\$20.00 for every 30 minutes after 4:00 pm). Early Release days are listed on the school calendar and students must be picked up at 12:00 pm. There will be a late pick up fee of \$20.00 for every 30 minutes after 12:15 pm added to the next tuition payment. **There is no afterschool on Early Release Days.**

### 4. Uniform Policy

Uniforms **MUST** be purchased at cost from Al-Huda Academy. 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-Huda.

I understand that the information released will remain confidential.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Note to Previous School:** A request has been made to Al-Huda Academy 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-Huda Academy**  
**5104 Revere Rd**  
**Durham, NC 27713**



## 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-Huda Academy.  
(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-Huda Academy 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 behavioral 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-Huda Academy  
5104 Revere Rd  
Durham, NC 27713**

**If you have any questions, please contact the front office at (919) 572-9500 between 8:00 am and 3:45 pm, Monday thru Friday.**



**Yearly Tuition and Other Fees\* (\*Tuition and fees are subject to change)**

**2018-2019 Tuition\* and Fees\***

**(Discount applies for more than one child per family)**

Grade	1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child	4 <sup>th</sup> Child	5 <sup>th</sup> Child
Pre K Full Day	\$5,700.00	\$4845.00	\$4275.00	\$4275.00	\$4275.00
10 payments	\$570.00	\$484.50	\$427.50	\$427.50	\$427.50
12 payments	\$475.00	\$403.75	\$356.25	\$356.25	\$356.25

Grade	1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child	4 <sup>th</sup> Child	5 <sup>th</sup> Child
KG	\$5,400.00	\$4,590.00	\$4,050.00	\$4,050.00	\$4,050.00
10 payments	\$540.00	\$459.00	\$405.00	\$405.00	\$405.00
12 payments	\$450.00	\$382.50	\$337.50	\$337.50	\$337.50

Grade	1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 Child	4 Child	5 Child
1 – 5	\$5,100.00	\$4335.00	\$3,825.00	\$3,825.00	\$3,825.00
10 payments	\$510.00	\$433.50	\$382.50	\$382.50	\$382.50
12 payments	\$425.00	\$361.25	\$318.75	\$318.75	\$318.75

- Parents have the option to pay the tuition in 10 or 12 installments

**One Time Registration, Books and Materials Fees:**

**(non-refundable)**

- \$100.00 Registration fee per student
- \$250.00 Books and material fee per student

**NOTE: Uniforms are not included in the tuition and other fees.**

**Tuition/Fees Policies:**

1. Effective August 1<sup>st</sup>, 2018, all tuition and material fee payments must be made by automatic withdrawal only.
2. Automatic withdrawals will be processed by the bank on the 1<sup>st</sup> of each month.
3. Tuition can be paid by the month, the quarter or the year.
4. A \$30.00\* penalty is applied to NSF transactions (insufficient funds).
5. **Accounts that are not current by the 10<sup>th</sup> of the month may result in the immediate suspension of the student.**
6. No child will be re-enrolled to the school if there is an outstanding tuition or other fees from the previous year.

**By signing below, I am agreeing to pay a \$100 application fee along with this application.**

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-Huda Academy.

**I understand that if I decide to withdraw my child at any time during the school year, I will give Al-Huda Academy a 30-day Notice, or be charged that month's tuition in full.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_