Admission Overview

Al-Iman School encourages and welcomes applicants and does not discriminate on the basis of color, race, religion, gender, disability, or national origin.

The applicant, however, is expected to abide by the rules and regulations of the School and admission is granted subject to fulfillment of certain conditions.

The admission process is stringent and goes well beyond the filling up of an application form. It is only after a standardized admission test, evaluation of prior academic records, and a family interview that the school makes a decision on applicant’s enrollment, which is purely based on merit.

Admission Checklist

To begin the application process, please follow the checklist given below:

* + Submit the Admission Application with the following to the school office
	+ $50 Application Fee (Entrance Exam)
	+ $75 Registration
	+ State ID (for both parents)
	+ Child’s Birth Certificate
	+ Documentation of Prior Academic Records
	+ Medical/Immunization Records
	+ Two Proof of Address
	+ Completed Contracts
* Admission Test
* Family Interview
* Payment of registration, tuition, and other applicable fees
* Completed School Food Form if you want to Enroll in the School Meal Program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fee Schedule** | **Grade** | **Discounts** | **Due Dates** | **Total** |
| **1st September** | **15th November** | **15th January** | **1st April** |
| **ALL**  | 1st Child | $1,350.00  | $1,050.00  | $1,050.00  | $1,050.00  | $4,500.00  |
| 2nd Child – 20% | $1,140.00  | $840.00  | $840.00  | $840.00  | $3,660.00  |
| 3rd Child – 35% | $982.50  | $682.50  | $682.50  | $682.50  | $3,030.00  |
|  |
|  **Transportation (Flat/Per Child)**  | $550.00 | $550.00 | $550.00 | $550.00 | $2200.00 |

If the child/ren withdraw from Al-Iman School, refunds will be issued to families as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Withdraw before Days Elapsed** | 30 Days | 60 Days | 90 Days | After 90 Days |
| **Refund Amount**  | 75% | 50% | 25% | 0% |

Refunds will not be issued if a student is expelled from the school.

* **Additional school charge of $200** **for all students is to be paid by the first day of school.**
* **Graduating classes pay an additional $100.**
* Tuition schedule is quarterly by default. Monthly schedules will be created upon agreement with the principal. All fees must be paid by the due date of April.
* Discounts for siblings are applied in order of descending age but do not apply on a second child if a sibling is enrolled in Pre-K.
* Online payments may be made at plusportals.com/al-imanschool.org . Please contact the school office to setup your account.
* Extracurricular activities such as school trips are not included in the tuition schedule.

|  |  |  |
| --- | --- | --- |
| Which grade are you applying for: | Need transportation? | Enroll in Meal Program: |
| ❑ K ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10 ❑ 11 ❑ 12 | ❑ Yes ❑ No | ❑ Yes ❑ No |
| How did you hear about us: ❑ Newspaper ❑ Television ❑ Internet ❑ Reference Name of Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Last Name: | First Name: | Middle Initial: | Gender: | Date of Birth: |
|  |  |  | ❑ Male ❑ Female |  / / |
| Street Address: | Social Security#: | Mother Tongue: | Fluent in English? |
|  |  |  | ❑ Yes ❑ No |
| Apt / P. O. Box: | City: | State: | Zip Code: | Ethnicity: |
|  |  |  |  |  |
| Home Phone No: | Cell Phone No: | Email Address: |
| ( ) - | ( ) - |  |
| Father/Guardian’s Last Name: | First Name: | Middle Initial: | Place of Birth: | Fluent in English? | Language Spoken |
|  |  |  |  | ❑ Yes ❑ No |  |
| Employer Street Address: | City: | State: | Zip Code: | Social Security#: |
|  |  |  |  |  |
| Work Phone No: | Cell Phone No: | Email Address: |
| ( ) - | ( ) - |  |
| Mother/Guardian’s Last Name: | First Name: | Middle Initial: | Place of Birth: | Fluent in English? | Language Spoken |
|  |  |  |  | ❑ Yes ❑ No |  |
| Employer Street Address: | City: | State: | Zip Code: | Social Security#:  |
|  |  |  |  |  |
| Work Phone No: | Cell Phone No: | Email Address: |
| ( ) - | ( ) - |  |
| Full Name: | Relationship to the Student: | Fluent in English? |
|  |  |  |  | ❑ Yes ❑ No |
| Address: |
|  |
| Work Phone No: | Cell Phone No: | Email Address: |
| ( ) - | ( ) - |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Prior Schools Attended | Date From | Date To | Address | Phone |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Indicate any health conditions that your child may suffer from, ex: ❑ Asthma ❑ Heart Disease ❑ Epilepsy ❑ Allergy ❑ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Please indicate if the student has had any major operations or injuries (Specify): |
| Indicate if the student takes any medication (Please explain): |
| Doctor’s Name: | Address: | Phone: |



**Contract**

This application becomes a binding contract upon the undersigned only when the applicant has passed the entrance exam and successfully been enrolled in the school. Al-Iman School Administration reserves the right to admit or reject the applicant if such action is deemed necessary and is seen in the best interest of the school. It is understood that classes are strictly limited, and priority is given to those students and their siblings who are currently enrolled in the school. Al-Iman School is presently not equipped to handle Special Education classes. I also understand that Al-Iman School does not discriminate based on color, race, religion, gender, disability, or national origin.

I/We, (parent’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and (student’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree and accept without reservation to abide by, and follow all rules, regulations, and procedures of Al-Iman School as stated in the Parent’s Handbook. We accept the course of disciplinary action which will be instituted if any rule or regulation is not followed and will also pay for any school property that is damaged by our child. We accept that the Principal’s decision in all matters relating to the school is final.

I authorize Al-Iman School to photograph or video tape my child for publication(s).

I also understand that by signing this contract I am agreeing to pay the tuition and fees as they are due in complete amounts and on time. I understand that I am requesting to receive textbooks from Al-Iman School that are loaned from the NYS Department of Education and am responsible to maintain their good condition for the duration of the school academic year and if I return books in damaged condition, I will be responsible to pay 50% - 100% of the cost of the damaged book.

\_\_\_\_\_\_\_\_

Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **FOLLOWING SECTION IS FOR OFFICE USE ONLY** |
| ❑ Application Fee Received | ❑ Test Fee Received | ❑ Immunization Records | ❑ Other \_\_\_\_\_\_\_\_\_\_ |
|  ❑ Check |  ❑ Check | ❑ Birth Certificate |  |
|  ❑ Credit Card |  ❑ Credit Card | ❑ Passport |  |
|  ❑ Cash  |  ❑ Cash | ❑ School Records  |  |

Application Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Placement Test Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Score \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Waiting List No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Enrollment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_

 Official Signature \_

**Bus Transportation Form**

Al-Iman School provides a door-to-door transportation service to the parents of Al-Iman School. Should you be interested in utilizing this transportation service, please provide the necessary information below.

**The cost per year (per child) is $2200**.

|  |  |
| --- | --- |
| ⃝ One-way Service ⃝ Two-way ServiceMorningAfternoon | Date of Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Beg. Date of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Child/ren: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Pick-Up Address (If different from Home Address): Nature of Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Drop-Off Address (If different from Home Address): Nature of Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Transportation Contract**

I/We, (parent’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and (student’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ promise to abide by the following rules in order to ensure the safety of the students. Failing to abide by these rules may result in the discontinuation of bus services.

1. I will show proper courtesy to the bus driver.

2. I will be at the bus stop prior to the scheduled time.

3. I will take notice of the traffic each time I enter & exit the bus.

4. I will not run in the bus.

5. I will take a seat immediately upon entering the bus and will fasten my seat belt.

6. I will not save seats.

7. I will not stand in the bus or on the seats.

8. I will not eat, drink, chew gum, or play music on the bus.

9. I will help towards maintaining the cleanliness of the bus.

10. I will not use bad language on the bus.

11. My parents are responsible for any damage done to the bus by me.

12. I will report to the driver about any form of misbehavior indulged in by other students. If no action is taken, I will notify the school administration.

Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

*\*****Please note****: This service may not be in full effect at the beginning of the academic year. Al-Iman School will not be responsible in case of any mishaps after drop-off at locations other than the child’s home. Changes in service schedule may occur based on weather conditions, emergencies, calendar updates, and/or the principal’s discretion.* ***\****