

Charlotte Islamic Academy



2021-2022 PRE-K STUDENT REGISTRATION APPLICATION

Student Name: _____ Grade: _____

For Office use only:

New/waiting list _____

Submission Date _____

Registration Fee Paid? _____ Payment Type _____

1st Month Tuition payment: _____ Payment Type _____

Service Fee: _____ Payment Type _____

FA Requested? _____ Requested Amount: _____

Registration Completed ____/____/____

- Immunization
- Birth Certificate
- School Records/Forms
- Automatic withdrawal Form
- Financial Agreement

All students' applications must be filled out entirely to complete the registration.

Parents should submit copies of the following records:

- Birth Certificate
- Immunization Record

STUDENT INFORMATION

Grade _____

Legal Name _____
First Last Middle

Permanent address _____ Male Female

City _____ State _____ ZIP _____

Date of birth _____ Place of birth _____
Month/Day/Year City/State/Country

US Citizenship Yes No Other Citizenship _____

LANGUAGE INFORMATION

English is a second language at home Yes No

1. Is a language **other than English** used in your home? Yes No

If yes, please fill out the following

2. Is that language spoken in the home **More often** than **English**?
 Less often than **English**?

3. What language is spoken by the adults in the home? _____

4. What is the first language your child learned to speak? _____

5. What was the date (month and year) your child **first** enrolled in **any** U.S. school (Private or Public, but not PreK) Indicate if the student left the U.S. for a school year(s): _____

6. How many years has this child been in school in the US? _____

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: _____

STUDENT FILE NOTE

Parents should submit copies of the following records:

- Birth Certificate
- Immunization Record

**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: X _____ **Date: X** _____

Charlotte Islamic Academy

Student Emergency Info

2021-2022

Student Information

Grade: _____

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: X _____ **Date: X** _____