

Charlotte Islamic Academy



2021-2022

RE-ENROLLMENT APPLICATION

Student Name _____ Grade: _____

For Office use only:

Submission Date _____

Registration Fee Paid: _____ Payment Type _____

1st Month Tuition payment: _____ Payment Type _____

Service Fee: _____ Payment Type _____

Book Fee paid: _____ Payment Type: _____

Testing Fee Paid: _____ Payment Type: _____

Uniform Fee Paid: _____ Payment Type: _____

Registration Completed ____/____/____

EMERGENCY CONTACT INFORMATION

In the event that a medical emergency arises and you cannot 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

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: _____

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: (2021-22)

First name: _____ Last name: _____ MI: _____

Lives with: ___ Parents ___ Father only ___ Mother only ___ other (specify _____)

Home Information

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)	/	/	/

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** _____

Charlotte Islamic Academy

BASIC RULES FOR PARENTS 2021-22

It is hereby understood that the education of my child is a joint effort between Charlotte Islamic Academy and my family, therefore as a parent (or guardian) of:

Student's Name & grade *(please print clearly all the students' names)*

1) ----- 2) ----- 3) -----
4) ----- 5) ----- 6) -----

I assume, total responsibility for ensuring the following:

1. I will become aware of and understand school policies and regulations.
2. I will make sure that my child(ren) are properly prepared for school each day:
 - In the proper uniform to be purchased from our school (**Boys only**).
 - Arrive to school no later than 8:15 am.
 - Picked up from school no later than 4:00 pm (Friday 12:30)
 - Bring the proper school supplies daily.
 - Are well-rested and well-prepared for class daily.
3. I will make sure that my child(ren) completes all homework and school projects on time.
4. I will encourage and remind my child(ren) to always have the best Islamic behavior, and respect the teachers and staff.
5. I will notify the school's office by sending a written note in case of absence due to illness or family emergencies.
6. I will notify the school's office in case of a change in address or phone numbers.

By signing this application, I agree to abide by the policies and regulations of Charlotte Islamic Academy; the information I have given is true. I understand that any misrepresentation of facts on this application may be cause of refusal of admission, financial aid, and cancelation of admission to the school.

Signature of Parent/guardian: **X** _____ **Date:** _____