

Charlotte Islamic Academy



2011-2012

MIDDLE/HIGH STUDENT REGISTRATION APPLICATION

Student Name: _____ Grade: _____

For Office use only:

Submission Date _____ Arabic Books _____

Registration Fee Paid? _____ Payment Type _____

1st Month Tuition payment: _____ Payment Type _____

Smart Tuition Fee: _____ Payment Type _____

FA Requested? _____ Requested Amount: _____

Placement Assessment Score: _____

Uniform Fee Paid? _____ Type: _____ Uniform Size (boys): _____

Registration Completed ____/____/____

- Immunization
- Birth Certificate
- Social Security Card
- School Records/Form
- Smart Tuition Form
- Financial Agreement
- Other _____

EOG/EOC SCORES:

CONTACT INFORMATION

What is the best method of contact? (please circle) Phone / Email / Text message

Charlotte Islamic Academy will be using text messaging for school updates. If you would like to receive text messages from the school, please fill out the information and sign below.

Cell phone Company: ___ At&T / ___ Sprint / ___ Verizon / ___ Cricket / ___ Other: _____

I give permission to the school to send school updates as text messages. X _____
Signature of consent

FAMILY INFORMATION (continued)

Stepparents, guardians or sponsor’s information (if applicable):

Name _____ Relationship _____

Address _____ Zip _____ Home/ Cell Phone _____

Employer _____ Business Phone _____

OTHER FAMILY INFORMATION

Number of children in the family: _____ Boys _____ Girls

Name _____ Attend CIA? YES/NO Date of Birth _____

Name _____ Attend CIA? YES/NO Date of Birth _____

Name _____ Attend CIA? YES/NO Date of Birth _____

Name _____ Attend CIA? YES/NO Date of Birth _____

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:

Name Relationship Phone number during school hours

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 _____

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 feel 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
- Social Security Card
- 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

2011-2012

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: _____ Other home phone or pager: _____

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)	_____	/	/
5 (out of state)	_____	/	/

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: _____