

ICCI ACADEMY

STUDENT REGISTRATION PACKET



This Packet is part of your child's permanent academic record.

All information must be completed, dated, and signed

2019-2020

Thank you for your interest in ICCI Academy



Islamic Community Center of Illinois ICCI Academy Registration Form

6435 W. Belmont Ave. Chicago, IL 60634 Tel: (773) 637-3755 x4 or x5

School Year: 2019-2020

Date of Registration: _____

STUDENT INFORMATION: Returning student New student Sex: Female Male

Student's Name: _____
Last First Middle

Entering Grade: _____ Date of Birth: _____

Address _____ Phone (home): () _____ - _____
Street address city

State: _____ Zip Code: _____

NEW STUDENT ONLY

Name of previous school: _____ Phone :() _____ - _____

Address of school _____ Street _____

City _____ State _____ Zip Code _____

Family Information:

Father's /Guardian Name: _____ Mother's /Guardian Name: _____

Occupation: _____ Occupation: _____

Place of employment: _____ Place of employment: _____

Address: _____ Address _____

Work #: _____ Work#: _____

Cell #: _____ Cell #: _____

E-mail: _____ E-mail: _____

Gross Family Annual Income: \$19,000 or less _____ \$20,000-\$30,000 _____ \$31,000-\$40,000 _____

\$41,000-\$50,000 _____ \$ 51,000-\$60,000 _____ \$61,000or more _____

How many family members live in your home? _____

Parent /Guardian Signature: _____ Date: _____

Emergency Contact and Medical Information

Child's Name _____ Date of Birth _____ Sex: M F
Parent's /Guardian's Name _____ Parent's /Guardian's Name _____
Home Phone :() _____ - _____ Home Phone :() _____ - _____
Work Phone: () _____ - _____ Work Phone: () _____ - _____
Address _____ Address _____

ALTERNATIVE EMERGENCY CONTACTS

Primary Emergency Contact _____ Secondary Emergency Contact _____
Home Phone :() _____ - _____ Home Phone : () _____ - _____
Work Phone: () _____ - _____ Work Phone : () _____ - _____
Address _____ Address _____

Medical Information

Hospital /clinic Preference

Physician's Name _____ Phone Number _____
Insurance Company _____ Policy Number _____

Allergies /Special Health Considerations _____

I/We authorize ICCI ACADEMY STAFF OR DESIGNATED AGENT TO SECURE Emergency Medical Care for my child when we cannot be reached at the time of emergency. I authorize all medical and surgical treatment ,Xray , laboratory , anesthesia ,and other medical and /or hospital procedures as may be performed or prescribed by the attending physician and /or paramedics for my child and waive my right to informed consent of treatment .This waiver applies only in the neither parent /guardian can be reached in the case of an emergency .

Parent's / Guardian's signature _____



ICCI Academy

TUITION AND FEES AGREEMENT

I/We hereby register each child listed below for the grade level indicated. I agree to pay all charges in accordance with the tuition and fee schedule as attached here to.

Early Registration Discount:

-\$50 off the registration fee per student will be waived if the registration is made before May 31st.

First plan: One Payment

I agree to all sums as follows in one full payment.

- Registration Fee due at the registration.
- One full payment due on the first day of school.

Second Plan: 10 installments payments

I agree to pay all sums as follows:

- Registration fee due at the registration.
- Monthly payment by the **beginning of the month.**
- Balance of tuition must be paid by May, 2020.

Payment Plan: One Payment

Monthly installments:

***If there are more than two late monthly payments, students will be sent home until late payments are paid in full.

Parent's /Guardian's Signature: _____



ICCI Academy Registration Form Checklist 2019-2020

To complete your child (ren)’s application, you must submit the following by the first day of school:

New students
<input type="checkbox"/> Records Release Form
<input type="checkbox"/> Birth certificate
<input type="checkbox"/> Completed Registration Packet
<input type="checkbox"/> Medical Form: All new students must complete a physical form with immunization (within past 12 months).
<input type="checkbox"/> Dental Form: All new students must complete a dental form (within past 18 month).
<input type="checkbox"/> Eye Examination Form: eye examination must be provided for the following grade level: 1 st grade if he/she was not attending K.G., K.G., and 6 th grade.

*****By October 15, any student who does not submit his/her completed Medical Forms and birth certificate will be sent back home until all forms are completed**

Student Age Requirements:

- Pre-school (3): Must be three years of age by October 1st and toilet trained before starting.
- Pre- K (4): Must be four years of age by October 1st.
- Kindergarten: Must be five years of age by October 1st.
- First Grade: Must be six years of age by October 1st.
- Exceptions might be applied based on a comprehensive assessment and recommendation from special discretion of a school committee.

ICCI PARENTAL CONSENT FOR DISMISSAL

In the interest of safety, we ask that you give prior authorization to all the individuals (please list each parent, sibling, carpool, relatives) that you authorize your child's elementary teacher to release your child for dismissal. This list will be maintained by the teacher. Any changes to this list must be made in writing and provided to the teacher of each child as well as the Administrative Office. Thank you for your corporation.

I, _____, being the legal custodian of my child hereby consent to
Parent's full name

allow the following individuals listed below to pick my child, _____
Child's full name

In _____ from school.
Grade level

1. _____ Relation _____ Phone: _____
2. _____ Relation _____ Phone: _____
3. _____ Relation _____ Phone: _____
4. _____ Relation _____ Phone: _____
5. _____ Relation _____ Phone: _____
6. _____ Relation _____ Phone: _____
7. _____ Relation _____ Phone: _____
8. _____ Relation _____ Phone: _____
9. _____ Relation _____ Phone: _____



ICCI ACADEMY

6435 W. Belmont Ave. Chicago, IL 60634 • TEL:(773) 637-3755 Ex.4 or 5 FAX: (773) 451-8234

STUDENT NAME: _____

(1) EMERGENCY MEDICAL CARE

I/We authorize ICCI Academy staff or designated agent to secure Emergency Medical Care for my child when we cannot be reached at the time of emergency. I/We will be responsible for the medical charges incurred. The name, address and phone of my child's doctor is on file at the ICCI Academy. I understand that my child may be transferred to a nearby emergency facility by public safety officers or staff or agents of the ICCI Academy.

Parent's Signature

Date

Relationship to the child: _____

(2) TRIPS, EXCURESIONS, FIELD TRIPS, WALKING

I/We authorize the ICCI Academy, its staff or agent to take my child on walking trips, excursions and field trips. I /We authorize my child to ride in any vehicle owned or leased by the school, its agents or staff. I release the ICCI Academy and individuals from liability in case of accident during activities related to the ICCI Academy, as long as normal safety procedures have been taken.

Parent's signature

Date

Relationship to the child: _____

(3) PHOTOGRAPHY

I/We authorize the ICCI Academy, its agents or staff to photograph or videotape my child for use in presentations, promotions, and educational activities without compensation.

Parent's signature

Relationship to Child:



ICCI Academy

6435 W. Belmont Ave. Chicago, 60634 Phone #(773)637-3755 X 4 &5 Fax # (773)451-8234

PARENTS' COMMITMENT FORM

Dear Parents of: _____

In order to help the school carry out its mission of providing a quality academic and Islamic education as well as a safe environment for all students, all students must obey the rules of the school handbook.

Please note the following rules concerning frequently asked questions by parents and/or students:

1. Students are advised to be in school by 8:15 am and they must be in the cafeteria for assembly by 8:15 am. Classes start at 8:30 am. No Student is allowed to be in the school building before 8:00 a.m.
2. **If a student is ill or for any other reason must stay home, a parent must call the school office at (773) 637-3755 x4 or x5 between 8:15 a.m. and 8:30 a.m. A doctor or parent's note must accompany the student the next day. If a student is absent for two or more days due to illness, only a physician's note is accepted for re-admittance to school.**
3. **Students are to be in uniform at all times during school hours. Students coming to school without uniform will sent home immediately.**
4. **School dismissal time is at 3:30 p.m. Students are to be picked up on time.**
5. **Parents should arrange with the administration in advance if they wish to visit the school. Any drop off or miscellaneous issues should be raised with the office so it would not interrupt the classroom instruction.**
6. **Changes of home or work phone number, emergency contact or emergency phone number should be made known to the school office as soon as the changes occur.**
7. **All permission slips and expenses for field trip or other activities that require a signed permission from parents must be completed and sent with students, NO CHILD can attend without the required permissions and signatures. No exceptions will be made.**
8. **Parents are obligated to pay tuition and other fees obligations. school policy requires that report card , transcripts, test scores and other academic records will be withheld until all tuition fees are paid in full . All delinquent accounts from previous years must be paid in full before a student is permitted to register for the next school year. Failure to make payments will result in student being removed from the school .The school reserves the right to collect all balance through any other available ways or means .**
9. **Other rules as stated in the school handbook or letters are also applied.**

I have read and understand that the above rules will be enforced by the ICCI Academy staff to ensure the safe and educational environment of the school.

Parent /guardian signature: _____ Date : _____