



ICCI ACADEMY

STUDENT REGISTRATION PACKET

2026-2027 School Year

Student Information

Student Name:

Last

First

M.I.

Entering Grade:

Date of Birth:

Male/Female

(mm/dd/yyyy)

(Circle one)

Address:

(street address)

(City)

(State)

(Zip Code)

Parent(s)/Guardian(s) Information

Name:

Name:

Relation:

Mother / Other: _____

(circle one)

Relation:

Father / Other: _____

(circle one)

Occupation:

Occupation:

Place of employment:

Place of employment:

Address:

Address:

Work Phone No.

Work Phone No.

Cell Phone No.

Cell Phone No.

Email:

Email:

Family Annual Gross

Less than

More than

Income:

\$19K

\$20K - \$30K

\$31K - \$40K

\$41K - \$50K

\$51K - \$60K

\$60K

(Circle One)

No. of people living in household:

New Students Only:

Name of previous school:

School

Address:

(Street Address)

(City)

(State)

(Zip Code)

Phone No.

Fax No.



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Alternative Emergency Contacts

Primary Emergency Contact Name: _____

Phone No. _____

Work No. _____

Address: _____

Relationship _____

Secondary Emergency Contact Name: _____

Phone No. _____

Work No. _____

Address: _____

Relationship _____

Medical Information

Hospital/Clinic Preference

Physician
Name: _____

Phone No. _____

Insurance
Provider _____

Policy No. _____

Does your child have any allergies or special health considerations?

Yes / No

(Circle One)

If yes, please list them below:

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/Guardian Signature _____



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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 hereto.

There are discounts provided to those that have enrolled by June 12, 2026.

- Reduced registration fees
- Reduced tuition for high school students

Plan 1: 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

Plan 2: 10 payments

I agree to pay all sums as follows:

- Registration fee due at the registration
- Monthly payments by the beginning of the month.
- Balance of tuition must be paid by the beginning of May, 2027.

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

All monthly payments must be paid by the end of the month. A \$100 late fee will be posted to the account per each month payment is late. After 3 months of payments not paid, student(s) will be sent home and not allowed in class until all payments due are paid in full. Students who have difficulty making their payment will be referred to the ICCI Zakat Committee.

Plan 1 Plan 2 Parent/Guardian Signature: _____
 (Circle One)

No. of Students	Yearly tuition	Elementary Tuition Total	Monthly Payment	New Student Registration Fee	Returning Student Registration Fee	School Supplies	No. of Students
1	\$6,300	\$6,300	\$630	\$500	\$400	\$100	1
2	\$5,800	\$12,100	\$1,210	\$1,000	\$800	\$200	2
3	\$5,100	\$17,200	\$1,720	\$1,500	\$1,200	\$300	3
4	\$4,400	\$21,600	\$2,160	\$2,000	\$1,600	\$400	4

*All students that are enrolled early will have a reduced registration fee of \$350 (1 student), \$700 (2 students), \$1,050 (3 students), \$1,400 (4 students).

Early enrollment ends June 12, 2026.



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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, carpools, relatives) that you authorize your child's elementary teacher to release your child to 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 cooperation.

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

following individuals listed below to pick up my child, _____, from school.
(Student's full name)

- | | | | |
|---|-------------------|----------------|------------|
| 1 | / | / | |
| | (Name of Contact) | (Phone Number) | (Relation) |
| 2 | / | / | |
| | (Name of Contact) | (Phone Number) | (Relation) |
| 3 | / | / | |
| | (Name of Contact) | (Phone Number) | (Relation) |

If not listed, a parent must call to give verbal consent over the phone.

EMERGENCY MEDICAL CARE

I/We authorize ICCI Academy staff or designated agents 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 number 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 Signature: _____ Date: _____

TRIPS, EXCURSIONS, 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 if normal safety procedures have been taken.

Parent Signature: _____ Date: _____

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 Signature: _____ Date: _____



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Parent Commitment Agreement

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, students are required to follow all 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 absent, 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 be provided to the office on the day of their return. If a student is absent for two or more days due to illness, a physician's note is required for re-admittance to school.
3. Students are to always be in uniform during school hours. Students coming to school without a uniform will be sent home immediately.
4. Dismissal 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. The office must be informed of drop-off or other concerns such that it does not interrupt 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. For field trips and other activities requiring signed permission and payment from parents must be submitted in order for the student to participate. Failure to submit the requested items will result in exclusion from that activity.
8. Parents are required to pay tuition and other fee obligations. **School policy requires that report cards, 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 students being removed from the school. The school reserves the right to collect all balance through other available means.
9. **Other rules as stated in the school handbook and school issued letters also apply.**

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 Signature: _____

Date: _____



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As part of our commitment to providing a safe and conducive learning environment, we have established a set of behavioral & medical expectations that must be adhered to. By signing this agreement, you acknowledge and accept the following conditions:

- Behavioral Expectations:** Your child is required to abide by the school's behavioral expectations at all times. These expectations include, but are not limited to, showing respect for teachers, staff, and fellow students, adhering to school rules and regulations, and demonstrating appropriate conduct both in and out of the classroom.
- Conditional Acceptance:** The acceptance of your child into ICCI Academy is conditional upon their adherence to the school's behavioral expectations. The school reserves the right to withdraw your child's acceptance if these expectations are not upheld.
- Behavioral Issues:** In the event that your child experiences behavioral problems, ICCI Academy will schedule a meeting with you after the first quarter of the school year. This meeting will serve as an opportunity to discuss the issues and to develop mitigation strategies aimed at improving your child's behavior. This meeting will also serve as the first warning that continued behavioral problems may lead to your child's expulsion from the school.
- Right to Expel:** Expulsion is the cancellation of the student's enrollment at the ICCI Academy for the remainder of the year without any refund of fees paid. The ICCI Academy Board of Education will vote on all recommendations for expulsion after documentation of the situation. ICCI Academy reserves the right to expel your child from the school if behavioral problems persist after the initial meeting and mitigation strategies have been implemented.

Readmission in subsequent years can only be considered upon the presentation to the Board of proof that the student's behavior problem has been addressed and improved, successful completion of the previous grade, and availability of a seat in the grade needed.

Medical Concern: The school reserves the right to reject students on medical grounds if the necessary resources or support systems required for their care and well-being are not available within the institution. This decision is based on the school's capacity to provide appropriate medical facilities, specialized personnel, and accommodations for students with specific health needs. In such cases, the school will consider the overall safety and welfare of the student, as well as its ability to meet the required medical and support standards. Parents and guardians are encouraged to disclose any relevant medical conditions prior to enrollment, and the school will work with families to explore alternative solutions if needed. If parents fail to disclose essential medical information, the school, at its discretion, can determine that expulsion is in the best interest of the student anytime during the school year.

We appreciate your cooperation and support in maintaining a positive learning environment at ICCI Academy. By signing this agreement, you acknowledge and agree to the terms outlined above.

Sincerely,

Sawsan Alsawi | ICCI Academy Principal

Parent/Guardian Signature: _____ Date: _____