



# Application for Admission

## Applying for School Year: 2026-2027

24-30 Steinway Street, Astoria, New York 11103 / Tel: (347) 507- 0167 / info@almadinahqueens.com

### APPLICATION IS NOW AVAILABLE FOR THE 2026-2027 SCHOOL YEAR: **GRADES PreK-10**

Please fill out the attached application for the 2026-2027 school year. The form will not be considered unless all items are completed, **including all signatures**. Completion of this form does not guarantee admission/readmission. The following steps will be taken once the form is completed:

#### **Returning Students: Grades PreK-10**

**Current students should register by **Wednesday May 20th to reserve a seat** as after May 20th, registration will be open to new applicants and seats will be filled on a first come first served basis.**

- If the child meets all the academic and behavioral criteria for re-admission, the application will be approved. If the application requires further consideration, the Principal will consult with the school board and collaboratively make the final decision. The Principal may request a meeting with parents as well.
- Parents will be notified of the decision within 2 weeks of filing the application.
- Once the child is re-admitted, parents will be invited to make the necessary payments and provide all other required documents by **June 3rd, 2026**. To avoid paying another registration fee **you must pay the books and materials fees (non-refundable) by June 3rd 2026.**

#### **New Students: Grades Prek-10**

- The parents and the child/applicant will be asked to meet with the Principal
- If all admission criteria are met, the parents will be informed of acceptance within two weeks or after May 20th, based on availability.
- All required payments and documents will be due within two weeks of admission or before the first day of school (if the time between admission and the first day is shorter than two weeks).
- Registration, book, and materials fees are non-refundable.



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**APPLYING FOR GRADE:** \_\_\_\_\_  NEW STUDENT  RETURNING STUDENT

### Student Information:

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

**RETURNING STUDENTS, ONLY FILL OUT IF THERE IS ANY CHANGE**

GENDER:  MALE  FEMALE DOB: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_

### HOME ADDRESS

STREET: \_\_\_\_\_ APT: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY PHONE # \_\_\_\_\_ PRIMARY EMAIL: \_\_\_\_\_

LANGUAGE SPOKEN AT HOME:  ENGLISH  OTHER \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ SCHOOL CONTACT: \_\_\_\_\_

ANY KNOWN ALLERGIES? \_\_\_\_\_

SPECIAL NEEDS?  NO  YES If so, please provide the IEP at the time of enrollment.

### Family Information:

#### FATHER OR GUARDIAN

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_

#### HOME ADDRESS (if different)

STREET \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

#### MOTHER OR GUARDIAN

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_

#### HOME ADDRESS (if different)

STREET \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

### FOR ADMINISTRATIVE USE ONLY:

#### For new students, please submit upon request:

- Registration Fee, Books / Materials Fee
- Previous Report Card
- Birth Certificate
- Proof of Address
- IEP if applicable
- Medical Form (completed by a doctor)

#### New and returning students, please submit:

- Registration, Books and Materials Fees  
**\*Registration fee waived until 6/3/26\***
- Behavioral Contract (middle/high school)
- Proof of Address (if there's a change)
- Updated Immunization records
- Medical Form (completed by a doctor)



## TUITION AND FEES PAYMENT CONTRACT 2026-2027

This is a binding contract between (Parent's Name) \_\_\_\_\_ and Al-Madinah School Queens. Regarding the education of (Child's Name) \_\_\_\_\_, I agree to make timely payments using the **Quarterly Payment Plan.**

Installment	Due Date	Elementary/Middle School Total Tuition: <b>\$5000*</b>	High School Total Tuition: <b>\$5600*</b>
Registration	Upon Registration	\$200	\$200
Books/Materials	September 1st	\$400	\$400
1st	September 1st	\$1500	\$1680
2nd	November 1st	\$1500	\$1680
3rd	January 1st	\$1000	\$1120
4th	April 1st	\$1000	\$1120

Tuition does not include registration, book, and materials fees.

**For the second child, a 5% discount of the total tuition will be applied on the last payment. For every additional child, a 10% discount of the total tuition will be applied on the last payment.**

By Signing below, I agree that I have read and understood the contract. I also agree to the following:

- Payments can be made in cash, money order / Check payable to AlMadinah School Queens Campus, using your credit card (3% surcharge applies) or by Zelle. Almadinah School Queens reserves the right to modify payment methods. Parents agree to pay \$30 for bounced checks.
- A student's admission for the following year will be terminated for unresolved unpaid school tuition and other school fees.
- A student's enrollment and school records will not be accessible until owed school fees are paid in full.
- A student's tuition is still due for the year even during an extended leave for any circumstances.
- Registration and book and materials fees are non-refundable.
- Non-attendance or early withdrawal from school will not exempt you from your obligation of paying the full tuition of the respected marking period.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## EMERGENCY RELEASE STATEMENT

As parent/guardian of student, I hereby authorize the staff of Al-Madinah School Queens to obtain medical aid for the student from a paramedic, ambulance, hospital, clinic, or any available on or off-duty, on or off premises, medically licensed person as deemed appropriate in the judgment of any of its staff member in the event of an emergency.

### **Medical Updates Statement:**

As parent/guardian of a student, I understand that it is my responsibility to update the school of any changes in the student's medical condition in written form. I also understand that it is my responsibility to furnish the school with a copy of the student's immunization record and physical exam.

### **Emergency contacts:**

#### **Contact Info:**

Name

Phone

Relationship to Student

_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## SCHOOL POLICY ADHERENCE AGREEMENT

As parent/guardian of student, I understand and agree that student's admittance and continued enrollment in the school is conditional upon good behavior and adherence to school discipline, ethical and anti-bullying policies as outlined in the parent/student manual and all communications made to parents and/or students in any form during the school year. I also understand that it is my responsibility to obtain a copy of the parent/student manual and to understand the policies stated therein, and to share and explain them to the student. In addition, I agree to consistently read, understand, and act on all communications and share them with and explain them to students. I agree that students are subject to suspension and/or expulsion if any school policy is violated as determined at the sole discretion and judgment of the school administration. I also understand that all agreements resulting from warnings given to students are binding, including suspensions and expulsions. Furthermore, I understand that suspension and expulsion may occur as a result of several incidents or from just one incident depending on severity. I also concur that the school administration shall determine the degree of severity of any incident at its sole discretion and judgment. I also agree to cooperate with the school's administration and staff in resolving any behavioral problems brought to my attention, and that my lack of cooperation, inability to attend counseling, failure to comply with commitments on my part or the part of the student are also grounds for suspension/expulsion at the sole discretion and judgment of the school administration.

I, Parent/guardian, agree that I will indemnify and hold harmless Al-Madinah School Queens Inc. from any loss, liability, damage, or cost of any kind that may occur as the result of any injury to me or my child. I agree that I will not sue Al-Madinah School Queens Inc. or its employees and will release Al-Madinah School Queens Inc. from any liability if my child is injured while registered as a student at Al-Madinah School Queens Inc.

I agree to Al-Madinah School Queens Inc. taking photos/ videos of my child and/or using the printed or digital image of my child in any manner whatsoever and in any format including video, still picture or other reproduction in all cases, times and places.

**Check here if you would NOT like your child to be in photos and videos**

Parent/ Guardian's Name:

Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Student Behavior Contract School Year: 2026-2027

This contract is an agreement between \_\_\_\_\_ and Al-Madinah School and takes immediate effect upon signing by the student. It is to be co-signed by the parents as an act of acknowledgement.

I, \_\_\_\_\_, hereby agree to all the policies and rules generating my attendance at Al-Madinah School as a student and as stated and interpreted by the administration. I understand that

1. I must be dressed in the school uniform (according to the policy): no hoodies and sweatshirts are permitted.
  - Girls must wear full hijab completely covering the hair, ears, neck, and abaya.
  - Boys must wear slacks and white -collar shirt or polo. No jeans or tight pants are allowed.
2. I must be respectful to students and staff. I will not talk back to or argue with a staff member. If I have a grievance, I will raise it with the administration.
3. Vaping/ smoking, alcohol, and drug use are prohibited on campus, and any violation or possession of items may result in my expulsion.
4. Bringing any kind of weapon or an object to school that can cause physical harm is a violation and possession of items may result in my expulsion.
5. Based on numbers 3 and 4 above, if I am in the presence of someone engaged in substance abuse or have knowledge of someone bearing a weapon, it may lead to my suspension or my expulsion.
6. Any form of flirtation activity, display of affection, inappropriate touching, intimacy, or sexual misconduct will lead to my expulsion from the school.
7. The use of inappropriate language, racism, profanities, or inappropriate body movement/language are prohibited and carry disciplinary measures as determined by the administration.
8. All electronic devices, including but not limited to cell phones or AirPods are not allowed. If found, my device will be confiscated and held for 24 hours for the 1st Offense, one week for the 2nd offense, and held until June for the 3rd offense.
9. If I am found with such a device as mentioned above during an exam, it will result in a zero for my exam.
10. I cannot bring beverages, candy, and food other than water into the classroom. There must be no eating or drinking of beverages in the classroom unless approved by the administration for a specific occasion.
11. I must come to school on time. I understand that being late and/or absent will affect my grade. More than 15% unexcused absences from a class will result in me not receiving credit for the class.
12. All assignments and homework must be completed and submitted on time. I must keep up with my grades and quizzes.
13. This is an Islamic School and I agree to abide by Islamic principles, morals and values as promoted by the school.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## CHILD DROP OFF AND PICK-UP AUTHORIZATION FORM

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

### THE FOLLOWING ADULTS ARE AUTHORIZED TO PICK UP MY CHILD FROM SCHOOL:

1. Parent/Guardian (please print): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

2. Parent/Guardian (please print): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### PERSON(S) OTHER THAN PARENTS/GUARDIAN AUTHORIZED TO PICKUP AND/OR DROP OFF CHILD:

1. Name (please print): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name (please print): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name (please print): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

In case of a last minute change or addition, please send a note in the morning authorizing your child's release to the new person and including the dates for which permission is given. Notes can be given to the front door administrator in the school lobby. Email authorization is accepted from a parent/guardian's email address that we already have on record.



**Student Release of Records Form**  
**ONLY FOR NEW STUDENTS**

I, \_\_\_\_\_ give permission to  
to release my child's records to Al-Madinah School Queens.

\_\_\_\_\_  
Name of Previous School

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Grade

**PLEASE RELEASE FOLLOWING INFORMATION:**

- Grades
- Health Records
- Results of achievements and intelligence test results
- Personality rating and other similar data
- Grades in progress at time of leaving
- Any other information pertaining to the growth and development of student
- Any psychological testing and/or child study team info including most recent:
  - Education Evaluation
  - Psychological Assessment
  - Social Worker History

The above information is to be sent to the attention of *Al-Madinah School Queens at 24-30 Steinway St. Astoria, NY 11103*, email: *info@almadinahqueens.com*

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_