



## Application for Admission Applying for School Year: 2025-2026

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

### APPLICATION IS NOW AVAILABLE FOR THE 2025-2026 SCHOOL YEAR: GRADES PREK-9

Please fill out the attached application for the 2025-2026 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 k-9

**Current students should register by May 15th to reserve a seat as after May 15th, registration will be open to new applicants and seats will be filled on a first come first served basis.**

- The application will be reviewed by the Principal. If the child meets all the academic and behavioral criteria for 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 admitted, parents will be invited to make the necessary payments and provide all other required documents by **June 2nd, 2025**. **To avoid paying another registration fee, book and materials fees, which are non-refundable (even if your child does not attend school at Al- Madinah School Queens Inc. in the 2025-2026 school year) are due by June 2nd 2025.** Please note the May 15th suggestion above as the June 2nd deadline refers to avoiding another registration fee; It does not guarantee a seat.

#### New Students: Grades Prek-9

- 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 15th, 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.



# Application for Admission

## Applying for School Year: 2025-2026

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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 new students, please submit upon request:

- ☐ Registration Fee
- ☐ Previous Report Card
- ☐ Birth Certificate
- ☐ Proof of Address
- ☐ IEP if applicable

### New and returning students, please submit:

- ☐ Books and Materials Fees
- ☐ Medical Form (completed by a doctor)
- ☐ Behavioral Contract (middle/high school)
- ☐ Proof of Address (if there's a change)
- ☐ Updated Immunization records



## TUITION AND FEES PAYMENT CONTRACT

This is a binding contract between (Parent's Name) \_\_\_\_\_ and Al-Madinah School Queens Inc. 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	September 1st	\$300	\$300
Materials	September 1st	\$100	\$100
1st	September 1st	\$1000	\$1120
2nd	November 1st	\$1000	\$1120
3rd	January 1st	\$1500	\$1680
4th	April 1st	\$1500	\$1680

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 Al-Madinah School Queens Inc, using your credit card (3% surcharge applies) or by Zelle. Al-Madinah School Queens Inc. 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 Inc. 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: \_\_\_\_/\_\_\_\_/\_\_\_\_