

Darul Iman Academy

36 Stanislaus, Buffalo, NY 14212 | 716-240-9246 | <u>Daruliman016@gmail.com</u> | <u>Darulimanbuffalo.org</u>

Student Admission Form

Dear Parent/Guardian,

Please fill out the following fields accurately. Admissions will be processed in the order received. Copies of **transcripts** and **immunization forms** must be included with this form.

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Student Information:							
FIRST NAME			LAST NAME				
STREET ADDRESS			CITY		STATE	ZIP	
DATE OF BIRTH		ETHNICITY			EMAIL		
Parent/Guardian Information:							
MOTHER'S NAME		PHONE NUMBER			EMAIL		
FATHER'S NAME		PHONE NUMBER			EMAIL		
PRIMARY CONTACT		RELATIONSHIP TO STUDENT					
EMERGENCY CONTACT		PHONE NUMBER			RELATIONSHIP TO STUDENT		

Education Information:							
LAST GRADE COMPLETE	ED at	SCHOOL NA	AME	and	PHONE	NUMBER	
HISTORY OF ISLAMIC ST	UDIES, if an	y.					
Medical Information:							
PRIMARY CARE OFFICE (Name)			OFFICE PHONE NUMBER				
PRIMARY CARE PHYSICIAN (Name)					PHYSICIAN PHO	ONE NUMBER	
PRIMARY CARE OFFICE (Address)						
ALLERGIES/MEDICAL CO	ONDITIONS,	if any.					
T.	. wish to e	nroll my daughter			, for the 20	-20	
Parent Name (Print)	_, wish to enroll my daughter,, for the 2020 Student Name (Print)						
school year to be admitted	d to	year Alima	course and/o	r the	grade		
	ourse Year		Secula	lar School Grade			
STUDENT SIGNATURE							
GUARDIAN SIGNATURE							
DATE							

Terms and conditions of Darul Iman Academy

- 1) Class schedule is Monday to Friday, 7:30 am to 4:15 pm. Students are expected to be in the building for attendance at 7:30am.
- 2) Tuition fee for each school year is \$3600.00 (Three Thousand and Three Hundred Dollars).
- 3) Book fee is \$100.00 per student (One Hundred Dollars).
- 4) The Tuition fee and Book fee is due at the time of application approval.
- 5) Fees are Due annually or bi-annually. Monthly payments may be authorized (3 months in advance) pending approval by the Darul Iman Administration. Parents are required to get authorization from the school first. If authorized, payments are due within the first five days of each month.
- 6) Parents must provide the school with medical/immunization records, previous school records and any/all requested forms at the time of application interview.
- 7) All school rules in written or otherwise must always be adhered to.

This application is merely a request for admission. It becomes binding upon the undersigned only when the applicant has been formally tested, formally accepted, and all fees have been paid.

The Darul Iman administration reserves the right to admit or reject any applicant. The school also reserves the right to exclude any student, permanently or temporarily, at any given time the administration deems appropriate.

I (we) the parent(s) or guardian(s) of (student name) _______ authorize Darul Iman Academy to obtain any medical care necessary for the welfare of my children through a qualified person, physician or hospital, in case of any injury or sickness during school hours.

I (we) the parent(s) or guardian(s) of (student name) _______ hereby waive all rights and claims against the school; its teachers and staff.

ADMINISTERED BY

DATE