



Al Nur School

ENROLLMENT APPLICATION

(Please print or type)

Please note that this application does not assure final enrollment, but provides information upon which a decision will be based.

STUDENT

Name of student (legal) _____ Sex _____
Age _____ Date of Birth _____ Place _____
Address _____ Phone _____
City _____ State _____ Zip _____

FAMILY

Father or Guardian

Mr., Dr. _____ Name _____
Home Address _____
City _____ State _____ Zip _____
Home Telephone _____ Cell Phone _____
Email Address _____
Social Security # _____
Driver's Licence No. _____
Language(s) spoken _____
Occupation _____ Employer _____
Business Telephone _____

Mother or Guardian

Mrs., Ms., Dr. _____ Name _____
Home Address _____
City _____ State _____ Zip _____
Home Telephone _____ Cell Phone _____
Email Address _____
Social Security # _____
Driver's Licence No. _____
Language(s) spoken _____
Occupation _____ Employer _____
Business Telephone _____

Marital status: Married _____ Separated _____ Divorced _____ Widowed _____
With whom does the child reside? _____ Number of children living in family _____
Language(s) spoken in home? _____
Will you be able to pay tuition expenses promptly? _____ Send financial aid form? _____
How did you hear about Al Nur School? _____ Were you referred by someone? _____
If yes, by whom? _____

EDUCATION

School last attended _____ City _____

Grade last completed _____ Grade in September _____

Has the student ever attended a full time Islamic school before? ☐ Yes ☐ No If yes, When _____

Where? Name _____ City _____ State/County _____

Has student ever had any disciplinary problems, been suspended or expelled from school? ☐ Yes ☐ No

If so, explain briefly _____

Has student ever repeated a grade or had serious academic problems in school? ☐ Yes ☐ No

If so, explain briefly _____

Has student ever been referred for special services? ☐ Yes ☐ No

If so, explain briefly _____

What are your goals/reasons for enrolling your child in Al Nur School?

Explain briefly _____

MEDICAL

Does your child have any medical problems of which the school should be aware? (Please check box)

☐ Epilepsy ☐ Diabetes ☐ Allergies ☐ Asthma ☐ Heart trouble ☐ Hearing ☐ Speech ☐ Vision ☐ Other

Please (explain briefly) _____

OTHER

Use the space below to provide any other information about the student that might be helpful:

I (We) desire to have my (our) child/ward _____ considered for enrollment in Al Nur School for the school year beginning _____, 20 ____, subject to the terms and conditions, financial and otherwise, adopted by the board of trustees. I (We) understand that enrollment will be for the entire school year, and that if a student voluntarily withdraws or is dismissed during the school year, I (We) will be liable for the full amount of tuition and charges for the year. Enclosed is my (our) non-refundable check for \$200.

I (WE) CERTIFY THAT ALL THE INFORMATION ON THIS APPLICATION IS ACCURATE AND COMPLETE. I UNDERSTAND THAT FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION AS REQUIRED BY THIS APPLICATION MAY PROVIDE CAUSE FOR TERMINATION OF MY (OUR) CHILD 'S ENROLLMENT TO BE DETERMINED AT THE SOLE DISCRETION OF AL NUR SCHOOL.

SIGNATURE OF FINANCIALLY RESPONSIBLE PARENT(S) / LEGAL GUARDIAN(S)

DATE

Al Nur School does not discriminate on the basis of race, color, religion, national, or ethnic origin in the admission and educational policies, financial aid programs, employment practices and other school administered programs.

ADMISSION INFORMATION

Operation Name Al Nur School		Director's Name Howaida Ahmed	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY:			
1. <input type="checkbox"/> TRANSPORTATION:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees.	
		<input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school	
2. <input type="checkbox"/> FIELD TRIPS:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:	
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:	
		<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play	
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:			
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:			
<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from:	to:	
<input type="checkbox"/> Sundays	from:	to:	

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

SCHOOL AGE CHILDREN:

☐ My child attends the following school:

Name of School and Address

School Ph.#

CHECK ALL THAT APPLY:

☐ His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

☐ My child has permission to
☐ walk to and from school,
and/or

☐ ride a bus,
☐ be released to the care of his/her
sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

☐ I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. ☐ **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature

Date

2. ☐ A signed and dated copy of a health care professional's statement is attached.

3. ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional: _____

Signature - Parent or Legal Guardian

Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

ADMISSION INFORMATION

HEALTH REQUIREMENTS

Name of Child:

Date of Birth:

Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											
TB TEST (if required) <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Date:										

Signature or stamp of a physician or public health
personnel verifying immunization information above.

Signature

Date

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the
statement: My child had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine.

Parent's signature

Date

☐ I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official
notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at
www.dshs.state.tx.us/immunize/public.shtm

Signature – Parent or Legal Guardian

Date



Al Nur School

Lighting the Way for our Children

Release Authorization Form

I hereby authorize Al Nur School to allow my child _____ to leave Al Nur School ONLY with the following persons. Please list name and telephone number for each person. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

1. _____
2. _____
3. _____
4. _____
5. _____

Give the name, address, and phone number of the person to call in case of an emergency if parents/gaurdian cannot be reached.

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physicaian: _____

Address: _____

Phone Number: _____

Name of Emergency Medical Care Facility: _____

Address: _____

Phone Number: _____

I give consent for the person in charge to secure any and all necessay emergency medical care for my child.

Signature: _____ Date: _____

Parent/Gaurdian

Al Nur School Fee Contract

This document serves as a contract between the Parents/Guardians of _____

_____ and Al Nur School. I understand that fees listed below are due at the beginning of the school year and are nonrefundable. I also understand that I am obligated to give Al Nur School 10 Postdated Checks on the first day of school. All payments are due on time and any returned checks will incur a \$30 charge. If fees are not paid in a timely manner then the child will not be able to attend until all accounts are settled.

Name of Child: _____

Date of Birth: _____

Sex: Female or Male

Address: _____

City, State, Zip Code: _____

Home/Cell Phone: _____

Work Phone: _____

Email: _____

The school fees have been explained to me as outlined below:

Registration fee or \$ _____

Supply fee of \$ _____

Textbook usage fee of \$ _____

Workbook fee of \$ _____

Yearly Tuition of \$ _____

Testing fee of \$50 will be requested later in the school year for grades 1st-6th.

Type of payment plan:

1 Check for \$ _____

11 Checks for \$ _____

2 Checks for \$ _____

12 Checks for \$ _____

9 Checks for \$ _____

10 Checks for \$ _____

Comments: _____

Parent's Signature: _____ Date: _____

Director's Signature: _____ Date: _____



Al Nur School

Lighting the Way for Our Children

PARENT - SCHOOL CONTRACT

SCHOOL YEAR: _____

I desire to enroll my child/children as a student in Al Nur School. I agree to the following conditions:

- ✚ To comply with Al Nur School's regulation that my child/children, Muslim or non-Muslim, must:
 - 1) Take religion as a subject area.
 - 2) Participate in the prayers said throughout the day.
- ✚ To respect, support and cooperate with the administration, teachers, and all personnel involved in my child/children's education.
- ✚ To abide by school policies and regulations printed in the school handbooks, memos, etc.
- ✚ To uphold whatever disciplinary measures the school takes to guarantee learning and a measure of order in the school and on the premises.
- ✚ To pay the REQUIRED TUITION and fees at the specified times.
- ✚ To attend all School Meetings/Conferences when scheduled.
- ✚ To be sure that my child is prepared for school each day:
 - ⇒ Homework completed
 - ⇒ Prepared for tests
 - ⇒ Wears the entire/required uniform
 - ⇒ Has the required school supplies
 - ⇒ Has parent's signature where needed
 - ⇒ Be on time to school everyday

Director

Parent/Guardian

Date

Names of Children:

Grade

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Al Nur School
Lighting the Way for Our Children

Acknowledgement of Parent Handbook/ School Policies

I, _____ have read and understand all Policies and Guidelines outlined in the 20____ - 20 ____ Parent Handbook of Al Nur School.

We agree to abide by all policies stated in the Parent Handbook. We understand that we will be notified in writing of any changes in these policies.

We also understand that any breach of policies may be grounds to terminate childcare. A two-week notice will be given in such circumstance unless the infraction is severe enough to warrant termination without notice.

This arrangement will come into effect on ____/____/____

Parent's Signature _____

Parent's Signature _____

Director's Signature _____



AI Nur School

Lighting the Way for Our Children

Parent Service Contract

School Year: _____

1. Student Name: _____ Grade: _____
2. Student Name: _____ Grade: _____
3. Student Name: _____ Grade: _____
4. Student Name: _____ Grade: _____

The AI Nur School Board believes that children's education is enhanced by a close partnership between the home, the school, and the community. Parents and families are expected to be involved in their children's education. Each family will be expected to dedicate a minimum of 20 service credits per school year (10 service credits per semester) of volunteer time to the school. Attendance of PTO meetings does count towards service credits.

In addition, it is the school's goal that parents encourage and participate in their children's academic success. Parents should emphasize the importance of students attending school each day on time, completing homework assignments, valuing education, observing Islamic values, respecting teachers and getting along with fellow students and following suitable learning activities at home.

I, _____, certify that I, my spouse, as dedicated families of AI Nur School, will fulfill the obligation of parent service by providing the school with 20 credits of service and/or

I, _____, certify that I, my spouse, will pay a contribution of \$25 per credit for the 20 credits of parent service for which my family is responsible and did not complete before the school year ends.

Parent/Guardian Signature

Date

Al Nur School Excessive Tardiness and Late Pick Up Policy Agreement

Al Nur School's excessive tardiness and late pick policy is as follows:

School promptly begins at 7:45 am and ends at 3:45pm, every day.

If your child is in grades Kindergarten-8th grade and is tardy to school, arriving after 8 am, and there is not a good reason such as an emergency or a medical reason with a note from your doctor, then your child will be marked as an unexcused absence. This policy will be enforced from the first day of school with no exceptions. Excuses such as traffic, rain, or because I overslept will not be accepted.

Please make sure to account for these excuses by leaving your home at least 15 minutes earlier than you normally would. Students that are tardy to school lose valuable instructional time and disrupt the learning process for others. Arriving to school on time and being ready to learn is key to the success of all students.

If your child receives 6 unexcused tardies, then they will receive an automatic out of school suspension from school for 1 day. If they are suspended from school, you will be required to pick up their missed classwork and homework for that day after 3:30 pm, and have it completed for the next day or they will receive a 0 grade for any work not turned in on time. If they receive 3 suspensions through the school year, then they will be expelled from school immediately. If a student receives 1 or more suspensions throughout the school year, then we reserve the right to revoke your child's reenrollment for the next school year and will lose any sponsorships awarded them.

Again, students that are tardy to school lose valuable educational time and disrupt the teachers and other students who make the required effort to be on time to school from being able to learn. Arriving to school on time and being ready to learn is key to the success of all students.

With regards to late pickup, this applies to all students enrolled in the school (Infant – 8th grade) , a fine will be charged according to the guidelines as outlined in the parent handbook for when your child is picked up late more than 15 minutes after the dismissal time (after 4:00pm) without a valid excuse as stated above. If the fine is not paid in full by the end of the school term, then your child will not be allowed to re-enroll for the next school year until the fine is paid. If late pickup occurs more than 6 times in the school year, then we reserve the right to dismiss your child from the school.

Please help us by making school attendance and on-time pick up a priority.

Parent Signature: _____

Date: _____