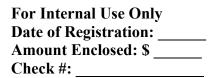


REGISTRATION PACKAGE 2017-2018

Student File List of Contents

Student Name:		Date:		
# Doc	uments		Comments	
1 Registration Form				
2 Blue Card				
3 Birth Certificate				
4 Social Security Care				
5 Report card/Transc	5 Report card/Transcript			
6 Affidavit form for P	Pre-k and KG students			
Comments	Additiona	al Documents	Date Received	
Reviewed by:				
Name		S	ignature	





FAMILY REGISTRATION FORM 2017-2018

			2017-2018			
	1. Name of Student				Registering for Grade:	
	Place/Date of Birth				M/F	_
I	FAMILY INFORMATION					
I	Language Spoken at Home: Prin	nary	Seco	ondary		
I	Father/Guardian's Full Name Home Phone #					
I	Home Phone #	_Cell Pho	ne #	V	Work Phone #	
ŀ	Email Address:					_
F	Address:					_
I	Mother's Full Name Home Phone # Email Address:	Cell Pho	ne#	V	Work Phone #	_
I	Email Address:	_				
A	Address:					
<u>I</u>	Pick up Release: 1. Name of Student:			M/F: _	Grade:	
i t	Please list the names of all possible including IAH staff that might give those not mentioned in this form child.	e your child	d a ride home. Yo	ur child	WILL NOT BE RELEASED to)
#	Name		Telephone	2 #	Relationship to Student (s)	
1						
2						
3						
4						
5						



Medical Form

Name of StudentPlace/Date of Birth M/FParent's Name and phone # (Mom)						
Parent's Name and phone # (Dad)						
Emergency Contact (other than parent)						
Name: Work #	Home #					
Family Physician Information						
Name	Phone #					
Address	Hospital Preference					
Insurance Information						
Name	Policy #					
Address	Group #					
Special needs or instructions						
I hereby give permission for my child/children						
may be given emergency treatment (first aid and	CPR) by a qualified staff member at Islamic					
Academy of Huntsville. I also give my permission	for my child/children to be transported by					
ambulance, aid car, or staff car to an emergency of	center for treatment.					
In the event that I cannot be contacted, I further of	consent to the medical, surgical, and hospital					
care treatment and procedures to be performed for	or my child by a licensed physician or hospital					
when deemed immediately necessary or advisable	by the physician to safeguard my child's					
health. In case of emergency, and if emergency tra	ansportation is needed, I understand that I am					
the responsible party for all fees related to the inc	eident.					
Parent/Guardian Signature	Date					



IAH TUITION AND FEES: 2017-2018

Description	Cost	Fees
		Applied
Registration Fee/student	\$100.00	
Early Registration Discount	-\$50.00	
Preschool Supply Fee	\$150.00	
KG Book Fee	\$250.00	
Book Fee (1 st -8 th)	\$280.00	
Testing Fee (3 rd -8 th)	\$65.00	
Science lab fee- Electives' Fee (Art- Islamic Studies- Arabic)	\$50.00	
Library school fee	\$30.00	
Elementary Tuition (K-5) First Child	\$4,200 or \$420/m	
Middle Tuition(6 th -8 th)	\$4,450 or \$445/m	
Elementary Tuition (K-5) Second Child	\$3,000 or \$300/m	
Middle Tuition(6 th -8 th)	\$3,150 or \$315/m	
Elementary Tuition (K-5) Third Child	\$2,600 or \$260/m	
Middle Tuition(6 th -8 th)	\$2,500 or \$250/m	
Preschool Full Day Program	\$4,500 or \$450/m	
Preschool Five Half Days	\$4,000 or \$400/m	
Preschool Three Full Days	\$3,700 or \$370/m	
Preschool Three Half Days	\$3,200 or \$320/m	
Total Family Balance (To Be Applied to Family		
Contract)		\$

^{*}No discount or sibling discounts applied to pre-school students.



FORM OF AFFIDAVIT FOR PARENT/GUARDIAN

STATE OF ALABAMA COUNTY OF MADISON

Before me, a Notary Public in and for said state and county,	appeared
and is known to me, after being duly	sown or affirmed says as
follows:	
That affiant is the parent or legal guardian of the minor child	/children
, that aff	iant has been notified by
<u>Setareh Tajbakhsh</u> a representative of the <i>Islamic Academy</i> of	of Huntsville operated
under the auspices of the Islamic Association of Tennessee	Valley that said church or
school has filed notice with and is exempt under the law from	n regulation by the
Department of Human Resources.	
	_Parent/ Legal Guardian
Sworn, or affirmed to and subscribed before me this	day of, 2017.
	Notary Public
My commission expires	