



ISLAMIC ACADEMY OF HUNTSVILLE  
1645 SPARKMAN DR, NW,  
HUNTSVILLE, AL 35816  
(256) 722-9838  
[HTTP://ISLAMICACADEMYOFHUNTSVILLE.ORG](http://islamicacademyofhuntsville.org)

## REGISTRATION PACKAGE 2017-2018

### Student File List of Contents

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

#	Documents	Comments
1	Registration Form	
2	Blue Card	
3	Birth Certificate	
4	Social Security Card	
5	Report card/Transcript	
6	Affidavit form for Pre-k and KG students	

<u>Comments</u>	<u>Additional Documents</u>	<u>Date Received</u>

Reviewed by:

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Name

Signature

For Internal Use Only  
 Date of Registration: \_\_\_\_\_  
 Amount Enclosed: \$ \_\_\_\_\_  
 Check #: \_\_\_\_\_



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**FAMILY REGISTRATION FORM  
 2017-2018**

1. Name of Student \_\_\_\_\_ Registering for Grade: \_\_\_\_\_  
 Place/Date of Birth \_\_\_\_\_ M/F \_\_\_\_\_

**FAMILY INFORMATION**

Language Spoken at Home: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Father/Guardian's Full Name \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_

Mother's Full Name \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Pick up Release:**

1. Name of Student: \_\_\_\_\_ M/F: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list the names of all possible individuals who are permitted to pick up your child from IAH, including IAH staff that might give your child a ride home. **Your child WILL NOT BE RELEASED to those not mentioned in this form.** We reserve the right to check identification before releasing your child.

#	Name	Telephone #	Relationship to Student (s)
1			
2			
3			
4			
5			



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## Medical Form

Name of Student \_\_\_\_\_ Place/Date of Birth \_\_\_\_\_  
M/F \_\_\_\_\_ Parent's Name and phone # (Mom) \_\_\_\_\_  
Parent's Name and phone # (Dad) \_\_\_\_\_

### Emergency Contact (other than parent)

Name: \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

### Family Physician Information

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Hospital Preference \_\_\_\_\_

### Insurance Information

Name \_\_\_\_\_ Policy # \_\_\_\_\_  
Address \_\_\_\_\_ Group # \_\_\_\_\_

Please list below any current allergies, medical conditions and/or medications used by students:

- Allergies
- Medications Taken
- Medical Conditions
- 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 center for treatment.

In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care treatment and procedures to be performed for 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 transportation is needed, I understand that I am the responsible party for all fees related to the incident.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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**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 <sup>st</sup> -8 <sup>th</sup> )	\$280.00	
Testing Fee (3 <sup>rd</sup> -8 <sup>th</sup> )	\$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 <sup>th</sup> -8 <sup>th</sup> )	\$4,450 or \$445/m	
Elementary Tuition (K-5) Second Child	\$3,000 or \$300/m	
Middle Tuition( 6 <sup>th</sup> -8 <sup>th</sup> )	\$3,150 or \$315/m	
Elementary Tuition (K-5) Third Child	\$2,600 or \$260/m	
Middle Tuition( 6 <sup>th</sup> -8 <sup>th</sup> )	\$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	
<b>Total Family Balance (To Be Applied to Family Contract)</b>		\$

**\*No discount or sibling discounts applied to pre-school students.**



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**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 sworn or affirmed says as

follows:

That affiant is the parent or legal guardian of the minor child/children \_\_\_\_\_

\_\_\_\_\_, that affiant has been notified by

Setareh Tajbakhsh a representative of the ***Islamic Academy 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 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*

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