



**DAR UN NOOR
ACADEMY**

College Prep, Knowledge, and Morality

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**ATLANTA SCIENCE
ACADEMY**



Forms Required for Admissions : THE FOLLOWING FORMS MUST BE COMPLETED AND SUBMITTED WITH THIS APPLICATION. THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT **ALL** OF THE REQUIRED DOCUMENTATION. PLEASE REVIEW THE BELOW CHECKLIST.

New Enrollment Checklist

**This application will NOT be accepted without ALL of the required documentation.
Students may NOT attend classes without the required documentation.**

Please use this checklist :

- ☐ Read and Sign Parent-School Contract for Enrollment and Re-Enrollment
- ☐ Complete and Sign Admissions Form A
- ☐ Completed Admissions Form B—Physical Examination Form (GA FORMS 3300 & 3231 ARE REQUIRED)
- ☐ Provide Necessary Information for Transcript Request Form C
- ☐ Complete Form D—Pre-Kindergarten Application (if applicable) **DNA & Bright From the Start Pages 1-3**
- ☐ Complete Form E—Interest and Need
- ☐ Read and Sign Form F—Parent Acknowledgement of Student Probationary Period
- ☐ Complete and Sign Form G—Photo Permission Form
- ☐ Birth Certificate
- ☐ Social Security Card [Passport if student does not have a SS card]



Parent-School Contract for Enrollment and Re-Enrollment

Enrollment and Re-enrollment is conditioned upon the following terms:

1. Admission Applications and the \$30 **Application Fee (NEW students only)** needs to be submitted **in order for the enrollment of the student to be processed and accepted.**
2. The **Registration Fee** must accompany the Contract as well as the **Activity Fee, PTO Fee (per family), and Curriculum Fee.** Tuition payments must be received by the School **on or before** each due date. Tuition for students entering the School after the start of the school year will be prorated based on the number of attendance days remaining in the school year after entry.
3. Financial Aid or Zakat Applications **MUST** be turned in by **MARCH 15th.** Financial Aid or Zakat Applications turned in after the Contract has been signed and returned to the school will **NOT** be accepted.
4. Acceptance of enrollment constitutes an agreement to pay the full academic year's account, comprised of both **TOTAL TUITION** and all related fees and expenses of the student. The School is entitled to be reimbursed for any attorney or collection fees and costs incurred in the collection of any unpaid balance.
5. In support of this contract, a promissory note for the balance of the year's tuition (with 0 % interest) will be issued by the school and signed by the parents in those cases in which parents choose an installment payment plan in lieu of full payment prior to the beginning of the school year.
6. The student and the student's family agree to comply with, and be subject to, the School's rules and policies as set forth in the Parent-Student Handbook, as amended from time to time.
7. Transcripts and report cards will be withheld until all unpaid tuition and fees are received and is subject to further actions as outlined in DNA's delinquent payment policies.
8. Parent involvement at school is mandatory. Parents should devote at least 10 hours of volunteer work towards any program or event at the school during the school year per family. In order for our children to receive the best education parents must also be involved in reinforcing the importance of academic, moral, and Islamic education through their own example. If a parent chooses to donate 10 hours of their time then they will be rebated the entire amount of the PTO Fee (Family Fee) after the hours have been completed.
9. DNA Refund Policy - The Application Fee and the Registration Fee are non-refundable fees. The Activity Fee and PTO Fee are refundable until August 31st ---- after this date the Activity Fee will no longer be refundable. The Curriculum Fee is refundable up until the student receives their textbooks. Once the student receives their textbooks the fee is **NOT** refundable.
10. **Withdrawal from the school does not automatically terminate your financial contract.** A notice must be submitted to the Administration that a parent/guardian wishes to withdraw their child from the school. An additional request to terminate your financial contract must be submitted and approved by the Principal. If a parent/guardian chooses to take their student(s) out of school without filing official withdrawal paperwork then they are still responsible for the entire year's tuition. **Only upon approval by the Principal can the financial contract be altered or amended and is not guaranteed.**
11. The person who signs this contract agrees to the payment of one school year's tuition payable in 1, 2, and 10 payment terms. If a child is withdrawn from the school on the parent's initiative **before August 31st** where the full year's tuition has been paid either in full or by post-dated checks then a full refund of the tuition will be made. However, if a child is withdrawn by the parent's initiative **before September 31st** (but after August 31st) and the full year's tuition has been paid either in full or by post-dated check then a refund of half of the tuition will be made. If a parent decides to withdraw their child on or **after October 1st** then no refund will be paid and payment of one school year's tuition for the rest of the year will be made as per this tuition agreement.
12. Financial Aid and Scholarship applications must be filled out separately and submitted with **ALL** of the supporting documentation in order to be considered for an interview with the Financial Advisor. All paperwork must be submitted at least 48 hours in advance before scheduling an interview with the Financial Advisor. Not any one single person on the Admissions Board decides who is eligible for Financial Aid or Scholarships or for how much they are granted. Multiple factors are used when determining eligibility. Financial Aid and Scholarships are not guaranteed and are limited based on funding. We do not grant Financial Aid or Scholarships to Pre-K or Kindergarten students at this time. Receiving Financial Aid or Scholarships in previous years does not guarantee Financial Aid or Scholarship status in subsequent years.



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Parent-School Contract for Enrollment and Re-Enrollment

Both parents, guardians, or other persons responsible for payments should read all the provisions of this Contract (front and back), complete the required information, sign and return the Contract to the Admissions Office accompanied by the mandatory fees as outlined. A student is eligible for acceptance for enrollment and re-enrollment when the Contract has been delivered to the School, countersigned, and dated.

In consideration of the acceptance of this Contract by the School, the undersigned agrees to pay the required **TOTAL TUITION** for the full academic year, unless a scholarship is accepted and applied, and any additional fees incurred, and agrees to be bound by the provisions of this Contract. So long as tuition and fee payments are not delinquent, tuition payments are due no later than the dates listed on this Contract. By signing this contract you are agreeing to all of the terms and conditions of this contract and DNA's payment policies.

Please provide an email address where you would prefer to receive periodic updates from the school's administration about admissions, account balance, tuition and fee payment receipts, and more.

This contract is signed to Dar-Un-Noor Academy and Atlanta Science Academy for the 2018 to 2019 school year. I agree to pay the approved tuition amount plus the Registration Fee, Activity Fee, and any mandatory and additional fees incurred for this school year. I am enrolling my child to Dar-Un-Noor or Atlanta Science Academy and I have chosen to pay the below indicated payment plan and have read and agree to all of the terms and conditions set forth in this contract and associated with the payment plans for Dar-Un-Noor Academy/Atlanta Science Academy as well as the provisions and policies outline in the Parent-School Contract for Enrollment and Re-Enrollment.

- ☐ **Option 1 — One Payment Plan** 10% off Tuition if paid by March 15th or 5% if paid by July 1st
- ☐ **Option 2 — Two Payment Plan** 3% off Tuition if first payment received by July 1st. A post-dated check for the Second payment must be submitted and dated for November 1st.
- ☐ **Option 3 — Early Ten** 3% off Tuition if you submit 10 post-dated checks dated from April 1st to January 1st.
- ☐ **Option 4 — Standard Ten** 10 post-dated checks dated from July 1st to April 1st.

Please initial next to the one that applies:

_____ My child **will** be riding the school bus and I agree to pay the additional fee for this service (\$200 monthly).

_____ My child **will NOT** be riding the school bus and transportation will be arranged by myself for my child(ren).

A Parent or Guardian must sign this contract for: _____
Student's Full Name (Please Print Legibly)

Name of the Parent/Guardian Responsible for Payments: _____

Signature of the Parent/Guardian Responsible for Payments: _____

Email Address to Receive Administrative Updates: _____



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Enrollment Application Form

FORM A

Student / Applicant Information : THE FOLLOWING FORM MUST BE COMPLETED. INCOMPLETE FORMS WILL NOT BE ACCEPTED. SCHOOL FEES CANNOT BE ACCEPTED WITHOUT A COMPLETED FORM.

STUDENT'S LAST NAME:	FIRST NAME:	MIDDLE NAME:
MOTHER'S FULL NAME:	FATHER'S FULL NAME:	HOME PHONE:
MOTHER'S CELL PHONE:	FATHER'S CELL PHONE:	PARENT'S EMAIL ADDRESS:
HOME STREET ADDRESS:	HOME STREET ADDRESS:	PARENT'S WORK PHONE: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER
HOME CITY, STATE, ZIP:	HOME CITY, STATE, ZIP:	PARENT'S WORK EMAIL: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER

Applying For Grade: PLEASE CHECK THE BOX THAT APPLIES FOR THE SCHOOL TERM 2017-2018.

PRESCHOOL AND ELEMENTARY SCHOOL <input type="checkbox"/> PRE-K 4 <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st Grade <input type="checkbox"/> 4th Grade <input type="checkbox"/> 2nd Grade <input type="checkbox"/> 5th Grade <input type="checkbox"/> 3rd Grade	MIDDLE SCHOOL <input type="checkbox"/> 6th Grade <input type="checkbox"/> 7th Grade <input type="checkbox"/> 8th Grade	HIGH SCHOOL <input type="checkbox"/> 9th Grade <input type="checkbox"/> 10th Grade <input type="checkbox"/> 11th Grade <input type="checkbox"/> 12th Grade
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Tuition Rates & Fees: PLEASE REVIEW THE BELOW TABLES FOR FINANCIAL AND EARLY BIRD DISCOUNT INFORMATION.

Tuition Schedule				
Level Pre-K K-5th Middle High Sibling Discount 1st Child Full Price 2nd Child 10% Off Tuition 3rd Child or More 15% Off Tuition	Total Tuition \$6800 * \$6300 \$6500 \$6800	One Payment Plan If paid in full by <u>March 15th</u> 10% off Tuition If paid in full by <u>July 1st</u> 5% off Tuition	Two-Payment Plan Two payments made on <u>July 1st and November 1st</u> 3% off Tuition	Ten-Payment Plan Early 10 Payment Plan from <u>April 1st to January 1st</u> 3% off Tuition Standard 10 Payment Plan from <u>July 1st to April 1st</u>
Pre-K — 5th Grade Fees		6th-12th Grade Fees		Mandatory Fees
Pre-K Registration Fee \$200 Pre-K Activity Fee \$50 \$200 K-5 Registration Fee (\$150 by March 15) \$200 K-5 Activity Fee (\$150 by March 15) \$300 K-5 Curriculum Fee (Textbook Rental)		\$200 Registration Fee (\$150 by March 15) \$200 Activity Fee (\$150 by March 15) \$350 Curriculum Fee (Textbook Rental) \$7 Locker Lock Fee (One Time Fee)		\$30 Application Fee \$100 PTO Fee (Per Family)* \$2000 Annual Transportation Fee (Bus Riders Only Fee) *\$200 Per Month

*THERE ARE NO DISCOUNTS/FINANCIAL AID AVAILABLE FOR PRE-K OR KG STUDENTS. SIBLING DISCOUNT WILL NOT BE APPLIED TO PRE-K.

*The PTO Fee is a per family fee and is eligible for a full rebate upon completion of 10 hours of volunteer service with the PTO or with Dar-Un-Noor Academy. Completion of this rebate program is only until April 1st of 2018. Any waivers for rebate submitted past April 1st, 2018 will **not** receive a refund on the PTO Fee.



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FIRST NAME:		LAST NAME:		MIDDLE INITIAL
COMPLETE HOME ADDRESS:				HOME PHONE NUMBER:
DATE OF APPLICATION: <input type="checkbox"/> APPLICATION FEE PAID		APPLYING FOR GRADE:		APPLYING FOR SCHOOL YEAR:
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		BIRTH DATE		COUNTRY OF CITIZENSHIP
COUNTRY OF BIRTH		CURRENT AGE		ETHNICITY

GENERAL PARENTAL INFORMATION : PLEASE DESCRIBE THE BIRTH PARENTS AND THEIR LIFE STATUS

BIRTH PARENTS LIFE STATUS		BIRTH PARENTS		STUDENT LIVES WITH:	
BIRTH FATHER <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED		<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED		<input type="checkbox"/> ONLY BIRTH FATHER <input type="checkbox"/> ONLY BIRTH MOTHER	
BIRTH MOTHER <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED		<input type="checkbox"/> SEPERATED <input type="checkbox"/> WIDOWED		<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> GUARDIAN(S)	

FATHER/GUARDIAN INFORMATION :

FATHER / MALE GUARDIAN FULL NAME:	
RELATIONSHIP : <input type="checkbox"/> BIRTH FATHER <input type="checkbox"/> GUARDIAN; PLEASE EXPLAIN...	
EMPLOYER NAME:	OCCUPATION/TITLE:
EMPLOYER FULL ADDRESS:	EMPLOYER PHONE
COLLEGE(S):	DEGREE:
PREFERRED METHOD OF CONTACT : <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> CELLPHONE <input type="checkbox"/> EMAIL	PREFERRED TIME/HOUR(S) OF CONTACT <input type="checkbox"/> MORNING <input type="checkbox"/> AFTERNOON <input type="checkbox"/> EVENING

MOTHER/GUARDIAN INFORMATION :

MOTHER / FEMALE GUARDIAN FULL NAME:	
RELATIONSHIP : <input type="checkbox"/> BIRTH MOTHER <input type="checkbox"/> GUARDIAN; PLEASE EXPLAIN...	
EMPLOYER NAME:	OCCUPATION/TITLE:
EMPLOYER FULL ADDRESS:	EMPLOYER PHONE
COLLEGE(S):	DEGREE:
PREFERRED METHOD OF CONTACT : <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> CELLPHONE <input type="checkbox"/> EMAIL	PREFERRED TIME/HOUR(S) OF CONTACT <input type="checkbox"/> MORNING <input type="checkbox"/> AFTERNOON <input type="checkbox"/> EVENING



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SIBLINGS : PLEASE LIST THE APPLICANT'S BROTHERS AND SISTERS.

NAME	AGE	GRADE	ATTENDS DAR-UN-NOOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	AGE	GRADE	ATTENDS DAR-UN-NOOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	AGE	GRADE	ATTENDS DAR-UN-NOOR? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMERGENCY CONTACTS : PLEASE LIST AT LEAST 2 PERSONS TO BE CONTACTED WHEN PARENTS CANNOT BE REACHED.
PARENTS MAY NOT BE LISTED IN THIS SECTION.

1. EMERGENCY CONTACT	2. EMERGENCY CONTACT
FULL NAME	FULL NAME
STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
HOME PHONE	HOME PHONE
CELL PHONE	CELL PHONE
WORK PHONE	WORK PHONE
RELATIONSHIP TO STUDENT/APPLICANT	RELATIONSHIP TO STUDENT/APPLICANT

AUTHORIZED RELEASE PERSONS: PLEASE LIST ANY PERSONS WHO HAVE PERMISSION TO PICK-UP OR DROP-OFF THE STUDENT. IF NONE, PLEASE WRITE THE WORD "NONE."

1. AUTHORIZED RELEASE PERSON	2. AUTHORIZED RELEASE PERSON
FULL NAME	FULL NAME
STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
HOME PHONE	HOME PHONE
CELL PHONE	CELL PHONE
WORK PHONE	WORK PHONE
RELATIONSHIP TO STUDENT/APPLICANT	RELATIONSHIP TO STUDENT/APPLICANT



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FORM A

AUTHORIZED RELEASE PERSONS CONTINUED: PLEASE LIST ANY PERSONS WHO HAVE PERMISSION TO PICK-UP OR DROP-OFF THE STUDENT. IF NONE, PLEASE WRITE THE WORD **"NONE."**

3. AUTHORIZED RELEASE PERSON	4. AUTHORIZED RELEASE PERSON
FULL NAME	FULL NAME
STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
HOME PHONE	HOME PHONE
CELL PHONE	CELL PHONE
WORK PHONE	WORK PHONE
RELATIONSHIP TO STUDENT/APPLICANT	RELATIONSHIP TO STUDENT/APPLICANT

APPLICATION REVIEW AND AUTHORIZATION : PLEASE REVIEW, SIGN, AND DATE IN ORDER TO SUBMIT FOR RE-ENROLLMENT CONSIDERATION.

As parent/guardian of the applicant I attest the applicant desires to be a student at Dar-Un-Noor Academy and to the best of our knowledge the information provided in this packet is true and accurate. I understand that the Admissions Committee may verify any part of the application material and I agree to all of the terms and conditions outlined in the admissions forms, student and parent handbooks which may be amended from time to time, and payment policies.

X _____
Father/Guardian Signature

Date

X _____
Mother/Guardian Signature

Date



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Physical Examination Form—PHYSICIAN SIGNATURE REQUIRED

FORM B

Child's name:	Age:	Georgia Immunization (Form 3231) Expiration Date :	
Primary Source of Healthcare		Required: GA FORM 3300 AND GA FORM 3231	
Physician or Clinic Name _____ Address _____ Phone Number () _____ Fax Number () _____			
Health Information			
Behavioral or Medical Conditions <input type="checkbox"/> The Student/Applicant has no known behavioral disorder, medical condition, health concern, pre-existing illness or allergy. If there are no known behavioral or medical conditions, please check the box above and write the word 'NONE' in the next block		Behavioral or Medical Conditions (i.e. ADHD, diabetes, asthma, drug or food allergies) <input type="checkbox"/> The Student/Applicant has the following known behavioral disorder, medical condition, health concern, pre-existing illness or allergy. The known conditions are listed in the next block ...	
Prescribed Rx / Medications and Dosages <input type="checkbox"/> The Student/Applicant is not presently taking any prescribed medication(s) for long-term continuous use. If there are no prescriptions or medications, please check the box and write the word 'NONE' in the next block ...		Prescribed Rx / Medications and Dosages (i.e. insulin, bronchial inhalers) <input type="checkbox"/> The Student/ Applicant is currently taking medication(s) prescribed for long-term continuous use. The medications and dosages are listed in the next block ...	
Physician Signature			
I have verified with the parents/guardians that the above medical information is correct and to the best of my knowledge, the patient/student is physically capable of participating in intramural and interscholastic athletics if he/she so desires. X _____ <div style="display: flex; justify-content: space-between;"> <i>Physician Signature</i> <i>Date</i> </div>			
Emergency Medical Authorization—PARENTS MUST SIGN OR APPLICATION WILL NOT BE ACCEPTED			
Should my child suffer an injury or illness while in the care of Dar-Un-Noor Academy / Atlanta Science Academy and the school is unable to contact me immediately, I authorize Dar-un-Noor to secure such medical attention and care for the student as may be necessary in the case of an emergency or our absence. I agree to keep the school informed of changes in telephone numbers and addresses where parents/guardians and emergency contacts can be reached. I also understand, the school agrees to keep the parents/guardians informed of any incidents requiring professional medical attention involving the student. X _____ <div style="display: flex; justify-content: space-between;"> <i>Parent / Guardian Signature</i> <i>Date</i> </div>			



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Transcript Request Form

FORM C

Authorization for Release of Educational and Discipline Records

Please list the student/applicant's full legal name.

_____/_____/_____
Student's Last Name First Name Middle Name

Grade _____

Dar Un Noor Academy and Atlanta Science Academy reserve the right to request that transcripts be mailed or faxed directly to our school. In accordance with federal regulations regarding the privacy rights of parents and students under the Family and Educational and Privacy Act of 1974, the undersigned hereby consents to the release to Dar Un Noor Academy all educational records about the above named individual who is applying to Dar Un Noor Academy, including: disciplinary, teacher recommendations, birth certificate, social security card, physicals, immunization records, and any other information as may be requested.

X _____
Father/ Guardian Signature Date

X _____
Mother/Guardian Signature Date

Pre-Kindergarten Application

FORM D

Pre-Kindergarten Applicant Information

This form must be completed for all Pre-Kindergarten applicants.

1. I understand that Dar-Un-Noor Academy agrees to provide daycare for _____
Pre-K Child's Name
- on the following days of the week and I have listed the hours of attendance below each day of the week (check all that apply):
- Days of the Week** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
- My Child will attend Dar-un-Noor during the following school hours** _____ a.m. to _____ p.m.
- I acknowledge my child will need the following meals each day**
- ☐ Morning Snack ☐ Lunch ☐ Afternoon Snack
2. Before any medication is dispensed to my child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.
3. My child will not be allowed to enter or leave Dar-Un-Noor without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
4. Acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status and immunization records, etc.
5. Dar-Un-Noor agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.
6. Dar-Un-Noor agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from Dar-un-Noor, and water-related activities occurring in water that is more than two (2) feet deep.
7. I have received a copy and agree to abide by the policies and procedures for Dar-Un-Noor Academy.

Parent / Guardian Signature

Date

Principal's Signature:

X _____

Principal of Dar-Un-Noor Academy *Date*

Pre-K Registration Form

PROVIDER LEGAL NAME:	(This section to be completed by the provider)
SCHOOL/SITE NAME:	

CHILD INFORMATION		(Please print name exactly as it appears on the birth certificate.)	
CHILD'S LAST NAME:			
CHILD'S FIRST NAME:			
CHILD'S MIDDLE NAME:		NAME SUFFIX: (i.e. Jr, Sr, II,III)	
CHILD'S SOCIAL SECURITY#:		D.O.B. (MM/DD/BY):	SEX: []M []F
HOME ADDRESS (Do not enter PO Box Info):		COUNTY:	
CITY:	STATE: GA	ZIP:	HOME PHONE: ()

If the Student is transferring from another Pre-K, please provide the following:
Previous School Name: _____ Last Date in Attendance: _____

PARENT/GUARDIAN INFORMATION				
Parent/Guardian #1 - LAST NAME:		FIRST:	MIDDLE INITIAL:	
Home Address (If different from child):				
City:		State:	Zip:	
Home Phone: ()		Cell Phone: ()		
Email Address:				
Place of Employment:		Work Phone: ()		
Address:				
City:		State:	Zip:	
Parent/Guardian #2 - LAST NAME:		FIRST:	MIDDLE INITIAL:	
Home Address (If different from child):				
City:		State:	Zip:	
Home Phone: ()		Cell Phone: ()		
Email Address:				
Place of Employment:		Work Phone: ()		
Address:				
City:		State:	Zip:	
EMERGENCY CONTACT INFORMATION (Persons to contact in the event that either parent/guardian cannot be contacted)				
NAME	RELATIONSHIP	CELL PHONE	ALTERNATE PHONE	EMAIL
1.				
2.				

I verify the above information to be correct, and I understand that completion of this form does not guarantee placement in a Pre-K class. If my child is placed in Georgia's Pre-K Program, I agree that my child will attend the program for the required number of hours and days as prescribed by the Georgia Department of Early Care and Learning and outlined by the center where my child is enrolled. I understand that failure to comply with these attendance requirements could result in disenrollment. I understand that I cannot register my child without appropriate age documentation. I have attached a copy of appropriate age documentation to this registration form.

Signature Parent/Guardian: _____ **DATE:** _____

CHILD MAINTENANCE			
CHILD'S LIVING ARRANGEMENTS: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER			
CHILD'S LEGAL GUARDIAN: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER			
THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:			
NAME	ADDRESS	RELATIONSHIP	CELL PHONE
1.			
2.			
3.			
4.			
CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE): _____			
DATE OF LAST FULL HEALTH SCREENING: _____		PHONE: () _____	
MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):			
THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:			
MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:			

GENERAL RELEASE

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Pre-K providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Pre-K providers or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities.

SIGNATURE (Parent/Guardian): _____

DATE: _____

PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early Care and Learning (DECAL) and certain agencies or entities contracted by the Pre-K provider or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities, to record the participation and appearance of my child, _____, by photograph and/or videotape in connection with daily Pre-K activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's web site.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Pre-K provider, DECAL, and other entities contracted by the Pre-K provider or DECAL, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

PRE-K PROVIDER NAME/ADDRESS: _____

SIGNATURE (Parent/Guardian): _____

DATE: _____



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Interest and Need

FORM E

Student Interest and Need

The purpose of this form is to obtain any pertinent information

Student Name _____ **Grade** _____

What is your child's particular area of interest or favorite activity?

(For example: a hobby or a certain subject such as music, art, science)

What is your child's least favorite activity or area of disinterest?

(For example: a hobby or a certain subject such as music, art, science)

Does your child have any special needs of which the school should be aware?

(For example: areas of study in which they need extra help; social challenges such as shyness)

Is your child a non-native speaker of the English language? ☐ YES ☐ NO

If yes, how many years has he/she been speaking the English language? _____ Years

Has your child ever received ESOL (English as a Second Language) assistance? ☐ YES ☐ NO

Does your child need extra assistance with ESOL? ☐ YES ☐ NO

Is there any other information about your child or family that you would like his/her teacher and Dar-Un-Noor Academy to know?



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Parent Acknowledgement of Dar-Un-Noor and Atlanta Science Academy Probation Period.

FORM F

Applies to new and transfer students only

Student Names _____ Grades _____

It is the policy of Dar Un Noor Academy and Atlanta Science Academy to accept any student whose previous records indicate average or above academic performance and Islamic behavior, and whose parents can honor the tuition agreement arranged by the administrator and agree to abide by the school's regulations. Due to these limited restrictions on admissions, **new and transfer students are conditionally accepted for a one month probation period.** During this probation period the student's Islamic behavior and academic performance at Dar Un Noor will be closely monitored. If at the end of one month the student does not perform up to Dar Un Noor Academy/Atlanta Science Academy's standards as outlined in the *Parent/Student Regulations Handbook*, **the parent will be asked to withdraw the student and the student will no longer be accepted at the school.**

Parent Signature section

I, the guardian of the above named children understand and agree to the above terms of my child's/children's probation period.

Parent or Guardian : _____ Date: _____



**DAR UN NOOR
ACADEMY**

College Prep, Knowledge, and Morality

&

**ATLANTA SCIENCE
ACADEMY**



Photo Permission Form

FORM G

This form gives Dar-Un-Noor Academy and Atlanta Science Academy permission to take photographs and/or videos of students while they are participating in or on school grounds, at events or field trips as well as competitions, club activities, and ceremonies. The use of these photographs and videos can be used for, but not limited to, DNA and ASA *Weekly Scoop*, published on darunnoor.org and/or atlantascienceacademy.org, promotional flyers and marketing, as well as the schools' Facebook page.

Please complete the form below:

Student's Full Name (Printed) _____ Grade _____

☐ YES --- My child has permission to be photographed and/or videotaped. I give the Academies permission to use the pictures and videos on the schools' websites or in any of the publications of the Academy.

☐ NO --- My child does not have permission to be photographed or videotaped.

Parent Signature _____ Date _____