



**DAR UN NOOR
ACADEMY**



**ATLANTA SCIENCE
ACADEMY**

College Prep, Knowledge, and Morality



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

Parent Initials Here _____

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

Please use this checklist :

- Transportation Application (Optional)
- Read and Sign Parent-School Financial Contract
- Complete and Sign Admissions Form A
- Complete Admissions Form B—Physical Examination Form (GA FORMS 3300 & 3231 ARE REQUIRED)
- Provide Necessary Information for Transcript & Records 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
- Complete and Sign Form H—Required Home Language Survey (GA DOE Form)
- Birth Certificate
- Social Security Card [Passport if student does not have a SS card]
- GA Bright Futures Foundation Filled Paper Application



Transportation Application

Instructions: Please fill out, sign and return this form with one month's transportation fees to the school's front office. Class acceptance is required before a seat can be reserved for your child on the bus. For more information please call 404-876-5051

*Children's Names	*Grades
1 st	
2 nd	
3 rd	
4 th	
*Father's Full Name	
*Mother's full Name	
*Street Address	
*City & Zip	
*Home Phone	Work Phone
*Alternate Phone	E Mail Address

By signing this agreement I agree to allow my children to be transported between an agreed upon stop and Dar Un Noor Academy at 434 14th Street Atlanta, Georgia 30318 by the Dar Un Noor Academy school Bus service. Also, I agree to the payment of one school year's student transportation services fees payable in **ten post dated checks** submitted at the beginning of the school year.

Refund policies for a child whose parents have submitted a full years of transport services fees:

1. If a child withdraws from transport services before end of the first month of school a full refund is granted.
2. If a child withdraws from transport services before the end of the second month of school a refund of half of the fees is granted.
3. If a child withdraws from transport services after the end of the second month of school, no refund is granted .

Print Name

Signature

Date

Office use only: Departure and Arrival Stop:

Ten Post Dated Checks for Transport Fees of \$200.00/month/child (sibling discount non-applicable)

One Check for Annual Transport Fees of \$2,000.00/child



Parent-School Financial Contract

Parent Initials Here _____

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. **ALL FEES** as outlined in **Parent-School Financial Contract** of the **Enrollment/Re-Enrollment Application** are due at the time of registration. 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. *Proration is applied to New Students only. Currently enrolled students are not eligible for proration and are responsible for the entire contract year.*
3. Acceptance of enrollment constitutes an agreement to pay the full academic year's account, comprised of both **"out of pocket" tuition** and all related fees and expenses of the student as incurred. The School is entitled to be reimbursed for any attorney or collection fees and costs incurred in the collection of any unpaid balance.
4. 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.
5. 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.
6. Transcripts, student records, 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.
7. 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 Volunteer Fee (Family Fee) after the hours have been completed.
8. DNA Refund Policy - After a student has started with the school the refund will be based on the period of time the child has been enrolled less the tuition amount for one month. So, the parent will be paying for the time the child was in school plus one month tuition. If the school didn't start yet and the child withdrew, a full tuition refund might be granted. *If they paid a one time discounted tuition (option #1) and the student withdraws then the tuition refund will be less \$500. Refunds processed upon request.
9. **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. **Only upon approval by the Principal can the financial contract be altered or amended and is not guaranteed.**
10. 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. Multiple factors are used when determining eligibility. Financial Aid and Scholarships are not guaranteed and are limited based on funding. Financial Aid or Zakat Applications **MUST** be applied for annually. Financial Aid or Zakat Applications turned in after the Contract has been signed and returned to the school will **NOT** be accepted. Receiving Financial Aid or Scholarships in previous years does not guarantee Financial Aid or Scholarship status in subsequent years.

In order to qualify for Financial Aid or Scholarship a parent(s)/student(s) must meet our requirements:

1. **Behavioral History:** the student(s) cannot have ever been suspended or expelled from their current or previous schools.
2. **MAP Entrance Test** results as well as **Academic History**.
3. **Financial Need** of the family which is reviewed on a case-by-case basis with the Financial Aid application submission.
4. **Currently Enrolled** students must also qualify with the above standards. Failure to adhere to these standards can result in the loss of Financial Aid, Scholarships, or Zakat. Current students must apply annually and are not guaranteed.

11. All eligible/qualified current and new families are **REQUIRED** to apply for a **Tax Credit Scholarship**. The tuition listed in the Parent-School Financial Contract is the price AFTER a \$10,000 voucher. In order to cover this cost parents **MUST** apply for a tax credit scholarship reimburse the voucher program. If the student is not eligible then the school will apply a discount toward covering \$10,000 voucher.



Parent-School Financial Contract

Parent Initials Here _____

Both parents, guardians, or other persons responsible for payments should read all the provisions of this Contract, complete the required information, sign and return the Contract to the Admissions Office accompanied by the mandatory tuition and 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.

DNA Atlanta Science Academy Tuition & Fees

Pre-K	\$6,800* (After \$10,000 voucher)	Sibling Discount	
*The total tuition is \$16,800. A tuition credit voucher worth \$10,000 will be granted to anyone who applies AND completes all required paperwork. The conditions of approval for the tuition credit voucher are two (2) items from the Enrollment/Re-Enrollment Application: 1.) You must select "Yes" on the "Parent-School Financial Contract," 2.) You must complete the GA Tax Credit scholarship application located on the last page of the Enrollment/Re-Enrollment Application.			
Elementary	\$6,300* (After \$10,000 voucher)	1st Child	Full Tuition
*The total tuition is \$16,300. A tuition credit voucher worth \$10,000 will be granted to anyone who applies AND completes all required paperwork. The conditions of approval for the tuition credit voucher are two (2) items from the Enrollment/Re-Enrollment Application: 1.) You must select "Yes" on the "Parent-School Financial Contract," 2.) You must complete the GA Tax Credit scholarship application located on the last page of the Enrollment/Re-Enrollment Application.			
Middle	\$6,500* (After \$10,000 voucher)	2nd Child	10% Off Tuition
*The total tuition is \$16,500. A tuition credit voucher worth \$10,000 will be granted to anyone who applies AND completes all required paperwork. The conditions of approval for the tuition credit voucher are two (2) items from the Enrollment/Re-Enrollment Application: 1.) You must select "Yes" on the "Parent-School Financial Contract," 2.) You must complete the GA Tax Credit scholarship application located on the last page of the Enrollment/Re-Enrollment Application.			
High	\$6,800* (After \$10,000 voucher)	3rd or More	15% Off Tuition
*The total tuition is \$16,800. A tuition credit voucher worth \$10,000 will be granted to anyone who applies AND completes all required paperwork. The conditions of approval for the tuition credit voucher are two (2) items from the Enrollment/Re-Enrollment Application: 1.) You must select "Yes" on the "Parent-School Financial Contract," 2.) You must complete the GA Tax Credit scholarship application located on the last page of the Enrollment/Re-Enrollment Application.			

Payment Options

Option 1	Early One Payment Plan - 1 Payment Will Receive 10% Off Tuition by May 1st
Option 2	One Payment Plan - 1 Payment Will Receive 5% Off Tuition by July 1st
Option 3	Two Payment Plan - 2 Payments Will Receive 3% Off Tuition, Due July 1st & Nov 1st
Option 4	Early Ten - 10 Payments From April 1st to January 1st Will Receive 3% Off Tuition
Option 5	Standard Ten - 10 Payments From July 1st-April 1st - No Discount
Payment Info	All payments require ALL post-dated checks to be submitted BEFORE the first payment is due.

Annual Fees By Grade

NON REFUNDABLE	PREK3/PREK4	Pre-K Registration Fee	\$300	New Applicant Fee \$30
NON REFUNDABLE	ELEMENTARY	REGISTRATION FEE	\$400	6th-12th Locker Fee \$7
	ELEMENTARY	CURRICULUM FEE	\$300	Per Family Volunteer Fee \$100
NON REFUNDABLE	MIDDLE/HIGH	REGISTRATION FEE	\$400	Transportation \$2,000 Annually
	MIDDLE	CURRICULUM FEE	\$350	-OR- \$200 / Month
	HIGH	CURRICULUM FEE	\$400	

The Volunteer Fee is a rebatable fee. A Parent/Guardian must complete 10 volunteer hours at DNA to qualify for a rebate.

With the exception of the tuition credit voucher, there are no discounts/financial aid for Pre-K or KG students. Sibling discount is not applied to Pre-K, either.

Discounts apply to "out of pocket tuition" only. They do not apply to fees nor the voucher part of the total tuition.



Parent-School Financial Contract

Parent Initials Here _____

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 (pages 2-4) is signed to Dar-Un-Noor Academy and Atlanta Science Academy for the school year. I agree to pay the approved tuition amount plus the Registration 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.

Please CHECK the box next to the ones that apply:

- Option 1 - Early One Payment Plan will receive 10% off Tuition if paid by May 1st.
Option 2 - One Payment Plan will receive 5% off tuition by July 1st.
Option 3 - Two Payment Plan will receive 3% off tuition, due July 1st and November 1st.
Option 4 - Early Ten from April 1st to January 1st will receive 3% off tuition.
Option 5 - Standard Ten 10 payments from July 1st to April 1st - no discount.

All payment plans require all fees and all post-dated checks be paid/submitted ON or BEFORE the date the first payment is due as outlined in the above payment plan Options.

Tuition Credit Voucher

- YES! Please apply a Tuition Credit Voucher worth \$10,000 from the tax credit scholarship program if I am eligible, if not then the school will give a discount to cover the voucher.

Transportation

- My child WILL be riding the school bus and I agree to pay the additional fee for this service (\$200 monthly, or more depending on location, over 10 months).
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: _____ Grade: _____
Student's Full Name (Please Print Legibly)

Name of the Parent/Guardian Responsible for Payments: _____ Relation: _____
Parent's/Guardian's Full Name (Please Print Legibly)

Signature of the Parent/Guardian Responsible for Payments: _____ Date: _____
Parent's/Guardian's Signature

Email Address to Receive Administrative Updates: _____
(Please Print Legibly)



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.

Form with fields for 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, Parent's Work Phone, Home City, State, Zip, and Parent's Work Email.

Behavioral Record Prequalification: PLEASE CHECK THE BOX THAT APPLIES.

Has your student ever been suspended or expelled?
[] NO [] YES, please explain:

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

Form with columns for Preschool and Elementary School, Middle School, and High School, each with checkboxes for various grade levels.

Form with fields for Date of Application, Registration Fee Paid, Curriculum Fee Paid, All Post-Dated Checks, Gender, Birth Date, Country of Citizenship, Country of Birth, Current Age, and Ethnicity.

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

Form with fields for Birth Parents Life Status, Birth Parents (Married, Divorced, Separated, Widowed), and Student Lives With (Only Birth Father, Only Birth Mother, Both Parents, Guardian(s)).

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

Table with 4 columns: NAME, AGE, GRADE, ATTENDS DAR-UN-NOOR? [] YES [] NO. Three rows for listing siblings.



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.

FATHER/GUARDIAN INFORMATION :

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

MOTHER/GUARDIAN INFORMATION :

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

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

Table with 2 columns: 1. EMERGENCY CONTACT, 2. EMERGENCY CONTACT. Rows include: FULL NAME, STREET ADDRESS, CITY, STATE, ZIP, HOME PHONE, CELL PHONE, WORK PHONE, RELATIONSHIP TO STUDENT/APPLICANT.



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.

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."

Table with 4 columns for Authorized Release Persons, each with fields for Full Name, Street Address, City, State, Zip, Home Phone, Cell Phone, Work Phone, and 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 _____ Parent /Guardian Signature

_____ Relation

_____ Date



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
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)
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
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)
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
Physician Signature Date

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
Parent / Guardian Signature Date



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ACADEMY**



Transcript & Records Request Form

FORM C

Authorization for Release of Educational and Discipline Records

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

Previous School Name: _____

Previous School Address: _____

Email: _____ **Phone:** _____ **Fax:** _____

_____ / _____ / _____

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 _____

Parent / Guardian Signature

Date

DAR-UN-NOOR ACADEMY / ATLANTA SCIENCE ACADEMY

434 14TH ST NW, ATLANTA, GA 30318

INFO@DARUNNOOR.ORG ▪ 404-876-5051 ▪ FAX: 404-874-6740

DARUNNOOR.ORG



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 Pre-Kindergarten for _____

Pre-K Child's Name *(Please Print Legibly)*

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, and any: dosage;, date, and/or time of day medication is to be given. Medicine will be in the original container with my child's name marked clearly 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 to and from the class room every day. Students MUST be signed out from the Pre-K classroom.

4. I 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, immunization records, etc.

5. 5. Dar-Un-Noor agrees to keep me informed of any incidents including but not limited to illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, etc.

6. 6. Dar-Un-Noor agrees to obtain written authorization from me before my child participates in any 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 as outlined in the Enrollment Application and the Parent-Student Handbook.

X _____

Parent / Guardian Signature

Date

Principal's Signature:

X _____

Principal of Dar-Un-Noor Academy

Date



Please write the school year in the box →

Pre-K Registration Form

School Year

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:										
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: BOTH PARENTS MOTHER FATHER OTHER

CHILD'S LEGAL GUARDIAN: BOTH PARENTS MOTHER FATHER 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: _____



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 Name: _____ **Grade:** _____

It is the policy of Dar Un Noor Academy and Atlanta Science Academy to hold a seat for any registered or registering student, as long as seats are available otherwise the student will be placed on a waiting list, whose previous records indicate average or above academic performance, Islamic behavior, and whose parents can honor the tuition agreement arranged by the administration 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:** _____



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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.

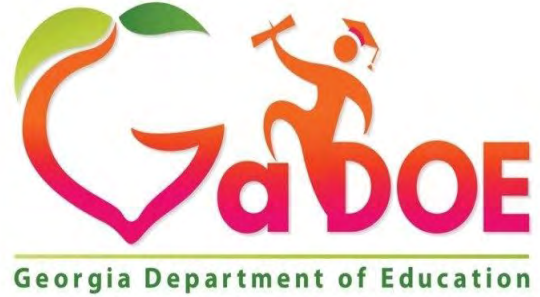
Parent Signature _____ Date _____



Required Home Language Survey

FORM H

**Georgia Department of Education
ESOL & Title III Unit**



[MANDATORY FORM FOR EACH STUDENT]

In order to provide your child with the best possible education, we need to determine how well he or she speaks and understands English. This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. Final qualification for language support is based on the results of an English language assessment.

Student Name (required information):

Language Background (required information):

Which language does your child best understand and speak?

Which language does your child most frequently speak at home?

Which language do adults in your home most frequently use when speaking with your child?

Language for School Communication:

In which language would you prefer to receive school information?

Signature of Parent/Guardian/Other

Date



GeorgiaBright FUTURES FOUNDATION

Official Use

Georgia Bright Futures Foundation Scholarship Application

This application is used to determine a student's eligibility to receive the Georgia Bright Futures Foundation's Scholarship.

Section 1-5* must be completed by the parents of the student.

Section 6* must be completed by the school official on file with the Georgia Bright Futures Foundation.

All completed documentation must be returned via mail, fax, or email to:

Mailing Address
Georgia Bright Futures Foundation
442 14th Street NW
Atlanta, GA 30318

*Incomplete applications will not be processed.

Section 1: School Information
(a) Name of School for which scholarship is being requested.

Section 2: Student Information
(a) Name of Student (First & Last)
(b) Date of Birth (mm/dd/yyyy)
(c) Gender

Section 3: Parent Information
(a) Parent(s) / Guardian Name(s) (First & Last)
(b) Address 1
(c) Address 2
(d) Phone Number
(e) Email Address

Section 4: Parent Financial Information
Federally Adjusted Gross Income for the previous year
Number of Dependents



Section 5: Student Scholarship Eligibility		
(a) Is the student a resident of Georgia?		
(b) Is the student currently receiving a GTTC scholarship?	Yes	No
If 4(b) answer is no, then choose from the criteria below the eligibility criteria that qualifies the student to request a scholarship. Student must answer yes to at least one criteria to be eligible for the scholarship.		
(c) Student enrolling in qualified 1st grade, kindergarten, or pre-kindergarten program		
(d) The student has been attending at least 6 weeks of public school immediately prior to requesting the scholarship.	Yes	No
(Public School Name: _____)	Yes	No
(e) The student would be assigned a low performing school as determined by the Office of Student Achievement.		
(f) Subject of officially documented cases of school based physical violence or student related verbal abuse threatening physical harm.	Yes	No
(g) Enrolled in a home study program meeting the requirements of subsection (c) of Code 974 Section 20-2-690 for at least one year immediately prior to receiving a scholarship.	Yes	No

Section 6: Scholarship Recommendation (to be completed by the school)	
Has school verified student eligibility to receive a GTTC funded scholarship?	
Scholarship will be for what school year (months & year)?	
What school grade will the scholarship be for?	
The Georgia Tuition Tax Credit Scholarship Cap for the previous year	
What is the school's published yearly tuition?	
What is the school's recommendation for scholarship award?	

Parent/Guardian:

I certify the information provided is true, accurate and complete.

Parent/Guardian Name (Print)

Signature

Relationship to Student

Date

School Official:

I certify the information provided is true, accurate and complete.

School Official Name (Print)

Signature

Title

Date