



**DAR UN NOOR
ACADEMY**

College Prep, Knowledge, and Morality

&

**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.

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 :

- 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
Read and Sign Form D—Parent Acknowledgement of Student Probationary Period
- Complete Form E—Pre-Kindergarten Application (if applicable) DNA & Bright From the Start Pages 1-3
- Birth Certificate
- Social Security Card OR Passport if the student does not have a Social Security Card

PLEASE UPLOAD ALL DOCUMENTS AS ONE PDF. THIS ONE PDF SHOULD INCLUDE ALL PAPERWORK LISTED ABOVE AS WELL AS THE REQUIRED DOCUMENTS AS OUTLINED.



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	MIDDLE SCHOOL	HIGH 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	<input type="checkbox"/> 6th Grade <input type="checkbox"/> 7th Grade <input type="checkbox"/> 8th Grade	<input type="checkbox"/> 9th Grade <input type="checkbox"/> 10th Grade <input type="checkbox"/> 11th Grade <input type="checkbox"/> 12th Grade

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

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



Enrollment Application Form

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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 :

PHONE EMAIL CELLPHONE EMAIL

PREFERRED TIME/HOUR(S) OF CONTACT

MORNING AFTERNOON EVENING

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.

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

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

_____ Date



Physical Examination Form

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

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



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 _____

Parent/Guardian Signature

Date

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

FORM D

APPLIES TO NEW, RETURNING, & TRANSFER STUDENTS

Student Name _____ Grade _____

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.**

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: _____



Pre-Kindergarten Application

FORM E

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.

My child will bring 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.

Please list adults with permission to pick up and drop off this student:

- 1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

X _____
Parent / Guardian Signature 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:			
<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>CELL PHONE</u>
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: _____