



# OKLAHOMA ISLAMIC ACADEMY

New Student Enrollment form

Please check one

☐ 2019/2020 ☐ 2020/2021

## INSTRUCTIONS

### Age requirements

Your child must meet the age requirements on or before September 1st of the current school year to be admitted. Please study the following categories carefully to see if your child qualifies: Pk 3 must be 3 before September 1st; Pk 4 must be 4 before September 1st; KG must be 5 before September 1st; 1st grade must be 6 before September 1st; 2nd grade must be 7 before September 1st; 3rd grade must be 8 before September 1st; 4th grade must be 9 before September 1st; 5th grade must be 10 before September 1st; 6th grade must be 11 before September 1st; 7th grade must be 12 before September 1st; 8th grade must be 13 before September 1st; 9th grade must be 14 before September 1st; 10th grade must be 15 before September 1st; 11th grade must be 16 before September 1st; 12th grade must be 17 before September 1st.

### REQUIRED DOCUMENTATION

Please accompany your completed application with the following applications materials:

- Copy of the student's birth certificate
- Copies of the student's immunization records
- Copy of the student's academic records
- Copies of any other relevant documents

### STUDENT DATA

Name: \_\_\_\_\_ Male ( ) Female ( )  
(Last) (First) (Middle)

Program chosen \_\_\_\_\_

Birth date: \_\_\_\_\_ Birth Place \_\_\_\_\_

Present address \_\_\_\_\_  
(City) (County) (State)

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_/(\_\_\_\_) \_\_\_\_\_

Parent Email: Father \_\_\_\_\_ Mother: \_\_\_\_\_

Today's date: \_\_\_\_\_

## FAMILY DATA

Father's name (Guardian):\_\_\_\_\_

Mother's name (Guardian):\_\_\_\_\_

Place of employment: Father\_\_\_\_\_

Mother\_\_\_\_\_

Work phone: Father: (\_\_\_\_)\_\_\_\_\_ Mother: (\_\_\_\_)\_\_\_\_\_

Emergency contact: \_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
(Name) (Phone number)

## MEDICAL RELEASE

Physician's name or Clinic name::\_\_\_\_\_

Physician's or Clinic address: \_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_

Child's Medical history: Allergies\_\_\_\_\_

Drug reactions\_\_\_\_\_

Known Medical/Surgical conditions\_\_\_\_\_

Other relevant medical information:\_\_\_\_\_

I/We \_\_\_\_\_parent(s)/guardian(s) of \_\_\_\_\_

(name of child/ward) hereby designate OKLAHOMA ISLAMIC ACADEMY (OIA) to act in my behalf to authorize such hospitalization, medical attention, and/or surgery as may be required in an emergency because of illness or injuries sustained by my/our child/ward while participating at OIA. I/We hereby assume financial responsibility for hospitalization, medical attention, transportation and/or surgery provided. I/We request that I/We be contacted within a reasonable time in the event of illness or injury requiring medical services.

Print Name\_\_\_\_\_Date:\_\_\_\_\_Signature\_\_\_\_\_

If the above is a child/minor, a parent or guardian must sign

Parent/Guardian name\_\_\_\_\_Parent/Guardian signature\_\_\_\_\_

## IMAGE/VIDEO/MEDIA RELEASE

I hereby irrevocably consent to and authorize the use by OKLAHOMA ISLAMIC ACADEMY aka OIA, of any or all of the following (please select)

☐ Photographs ☐ Video ☐ Voice recordings ☐ Other media

taken of me including derivative works thereof (collectively, the "images"), and any the reproduction of them in any form in any media whatsoever, whether now known or hereafter created throughout the world in perpetuity.

I also consent to the use of my name or likeness, or an assigned fictitious name, in connection with the exhibition, distribution, merchandising, advertising, exploiting, and/or publicizing of images of OIA.

I hereby release and discharge OIA, its trustees, officers, employees, licensees, and affiliates from any and all claims, actions, suits, or demands of any kind or nature whatsoever, in connection with the use of images and reproduction thereof as aforesaid. I understand and agree that OIA will be the exclusive owner of all rights, including but not limited to, all copyrights, in and to the images in whole or part, throughout the universe, in perpetuity, in any medium, now known or hereafter developed, and to license others to so use them in any manner OIA may determine in its sole discretion, without any obligation to me. I hereby waive any right that I may have to inspect and/or approve the use of the images or any reproductions thereof, by OIA.

Print Name\_\_\_\_\_Date:\_\_\_\_\_Signature\_\_\_\_\_

If the above is a child/minor, a parent or guardian must sign

Parent/Guardian name\_\_\_\_\_Parent/Guardian signature\_\_\_\_\_

## UNIVERSAL PERMISSION

I, the undersigned, do hereby grant permission to OKLAHOMA ISLAMIC ACADEMY and its staff to go along with my child/ren whose names appear below on any field trip or field trips and other extracurricular activities in the current academic school year. I agree that OIA will provide general supervision to my child during such activities and that neither OIA nor its staff are liable, nor would i claim any damages, for any injury of my child/ren from such activity.

Parents name, signature and date\_\_\_\_\_

Student name(s)\_\_\_\_\_

## TRANSPORTATION/PICK UP FORM

Please fill out the form below. This form will allow those listed to transport your child/ren to and from school as well as pick up or drop off your child to and from school. Please note that this form must be updated each year.

Name of student(s):\_\_\_\_\_

1. Name of person given permission:\_\_\_\_\_

Phone number:(\_\_\_\_)\_\_\_\_\_ Address:\_\_\_\_\_

2. Name of person given permission:\_\_\_\_\_

Phone number:(\_\_\_\_)\_\_\_\_\_ Address:\_\_\_\_\_

## TUITION AND PAYMENT PLAN

<i>Name of sponsor</i>	<i>SS#</i>	<i>Employer name and address</i>
PK3		\$3250/school year
PK4		\$5800/school year
KG through 12th grade (1st sibling)		\$5800/school year
KG through 12th grade (2nd sibling)		\$3900/school year
KG through 12th grade (3rd sibling)		\$1900/school year
Custom private classes		\$15 per 30 minutes

## PAYMENT PLAN

(check one): ☐ Monthly ☐ Semester ☐ One time

All payments are due the 1st of each month. If not received by the 5th working day, they are considered past due. For each past due payment, there will be a \$15.00 late fee charged to your account. If payment is not received by the 15th, your child/children will not be allowed to attend class until such time as payment is received. All school bills must be paid before a student is admitted to semester exams and before transcripts and letters of recommendation will be issued. There is also a returned check fee of \$15 for every returned check. No checks will be accepted for payment after three returned check occurrences.

I agree to pay the above tuition and fees from the date admitted to the end of the school year (even if I withdraw my child in the middle of the school year; exceptions apply). I understand that the School Board reserves the right to change the tuition and fees at anytime. I understand that I am responsible for the whole month's tuition even if my child is admitted in the middle or end of the month (the tuition may be prorated at the discretion of the school board).

## DISCLAIMER

VERY IMPORTANT PLEASE READ,  
YOUR SIGNATURE IS A BINDING CONTRACT TO THE TERMS BELOW.

In order to enroll for the upcoming school year, families must pay 1 month tuition as a non-refundable deposit. However, once child begins the school year as a full-time student, that deposit will be applied to the last month's tuition.

If a family pays in full, they will receive a 5% discount on their total tuition. However, if the student drops before the end of the year, the family will forfeit the discount and be obligated to pay the tuition of the last month that the student was enrolled in school even if the student does not complete the entire month, and will also be assessed a \$580 early withdrawal fee.

If a student begins school after the beginning of the school year, the family is responsible for paying tuition for the first month of attendance as well as the last month's tuition. In the event this student withdraws from school before the end of the school year, the last month's tuition will not be refunded

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_