



OKLAHOMA ISLAMIC ACADEMY (OIA) APPLICATION FOR PRIVATE LESSONS

Custom private classes \$15/30 minutes

STUDENT INFORMATION

Last Name: _____ Middle Name: _____ First Name: _____ Suffix _____

Physical Mailing Address: Street address _____

City _____ State _____ Zip Code _____ Gender (M) (F) Birthdate _____

Student's email (optional) _____ Student's phone number (optional) _____

PARENT INFORMATION Mother's information: (if student is a minor)

Last Name: _____ Middle Name: _____ First Name: _____ Suffix _____

Street address: Same as Student circle one Y or N

If street address is different than student:

Street Address _____ City _____ State _____ Zip Code _____

Email _____ Phone number _____ (used for texting?) Y or N

Father's information: (if student is a minor)

Last Name: _____ Middle Name: _____ First Name: _____ Suffix _____

Street address: Same as Student circle one Y or N

If street address is different than student:

Street Address _____ City _____ State _____ Zip Code _____

Email _____ Phone number _____ (used for texting?) Y or N

EMERGENCY CONTACT

Emergency contact Name: _____ Phone: _____ Relation to Student: _____

Permission to make decisions on behalf of your child? Y or N

MEDICAL RELEASE FORM

I, _____ (Parent/Guardian) hereby give permission for any and all medical attention to be administered to my child, _____ (Child) in the event of accident, injury, sickness, etc..., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below. In case I cannot be reached, the following person is designated to act on my behalf: Oklahoma Islamic Academy personnel designated by the director in her absence.

Insurance Company: _____ Policy Number: _____

PHOTO RELEASE FORM

OIA requests your permission to take, develop & display pictures taken of your child while he/she is attending the program. These pictures may be used for a variety of uses, such as: sharing special moments and activities with parents, preparing class memory and craft items, use in worship video, or displaying on the OIA Website/Facebook Page. All photos will consist of your child actively learning and/or playing. Please sign below if you grant Oklahoma Islamic Academy permission to take your child's photo and use those photographs for the purposes described above.

Permission Granted By: _____ Date: _____ Relationship to Child: _____

All payments must be made in full on the 1st lesson day. If not received by that day, they are considered past due. For each past due payment, there will be a **\$15.00 late fee charged to your account per month until payment is made.** 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 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). I understand that OIA reserves the right to change tuition and fees at any time, and/or to expel a student for any reason at any time. Reasons include, but are not limited to, repeated absences, no-shows, tardiness, delinquency in payment, disrespectful behavior, &/or disregard for school rules by either a student or a parent. No refunds for missed classes or for weather related school closings, except in the case of a cancelled class due to a teacher's emergency.

Parent/Guardian's Signature: _____ Date _____ Print Full Name _____