



# OKLAHOMA ISLAMIC ACADEMY CO-OP APPLICATION

## 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 application materials:

- Copy of the student's birth certificate
- Copies of the student's immunization records
- Copy of the student's academic records



## STUDENT DATA

Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Suffix \_\_\_\_\_

Gender (M) (F) Birth date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Country \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Grade \_\_\_\_\_

### Physical Mailing Address:

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student's email (optional) \_\_\_\_\_ Student's cell phone number (optional) \_\_\_\_\_

## PARENT INFORMATION

### First parent:

Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Suffix \_\_\_\_\_

Gender (M) (F) Relationship to student \_\_\_\_\_

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

### Second parent:

Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Suffix \_\_\_\_\_

Gender (M) (F) Relationship to student \_\_\_\_\_

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



## DEMOGRAPHIC/LANGUAGE INFORMATION

**Student race:**

(White) (Hispanic) (African-American) (Asian) (Other)\_\_\_\_\_

**What is the dominant language most often spoken by the student?**\_\_\_\_\_

**What is the language routinely spoken in the home, regardless of the language spoken by the student?**\_\_\_\_\_

**What language was first learned by the student?**\_\_\_\_\_

**Does the parent/guardian need interpretation services? (Yes) (No). If yes, what language**\_\_\_\_\_

**Does your student qualify for the Indian Education Program? (Yes) (No)**

## SCHOOL INFORMATION

Important: we will need to request records. please select the school district and school site where student last earned credits.

**1. Approximate date student first enrolled in a school in the U.S?**  
Month\_\_\_\_\_Day\_\_\_\_\_Year\_\_\_\_\_

**2. Was the student enrolled in an OK public school in 2018 - 2019 school year? (Yes) (No). If yes, name of school**\_\_\_\_\_

**3. Name of school district student is currently attending**\_\_\_\_\_

**4. Type of school student is currently attending:**  
(Public) (Private) (Home school) (Out of state/country) (Other).

**5. Name of school student is currently attending:**\_\_\_\_\_  
**Phone number**\_\_\_\_\_

**IEP** - A child with delayed skills or other disabilities might be eligible for special services that provide individualized education programs in public schools, free of charge to families. An Individualized Education Program (IEP): Describes the goals the team sets for a child during the school year.

**504** - Section 504 defines a person with a disability as any person who: 1) Has a physical or mental impairment which substantially limits one or more major life activities; 2) Has a record of such an impairment; or 3) Is regarded as having such an impairment.

**ELL** - In Oklahoma, English Language Learners (ELL) 'are those who have been appropriately identified, through English proficiency screening by the local school districts, as requiring specialized instructional services designed to increase their English proficiency and academic performance.'

**GT** - Gifted and Talented means a child identified by a school district using cognitive testing scores or another form of identification documented by the prior district.



6. Has the student ever been on an IEP or a 504 plan? (Yes) (No) If yes, IEP or 504?  
\_\_\_\_\_

7. Is the student currently on an IEP or a 504 plan? (Yes) (No) If yes, IEP or 504?  
\_\_\_\_\_

8. Has the student ever received related services? (Yes) (No). If Yes please select which one (Speech) (Physical therapy) (Occupational Therapy)

9. Does the student currently receive related services? (Yes) (No). If Yes please select which one (Speech) (Physical therapy) (Occupational Therapy)

10. Has the student ever received ELL(English Language Learner) services? (Yes) (No)

11. Does the student currently receive any ELL(English Language Learner) services?  
(Yes) (No)

12. Has the student ever received Gifted and Talented services? (Yes) (No)

### HOUSEHOLD INFORMATION

1. How many people live in your household? \_\_\_\_\_

2. Annual Salary Range (please check one):

(0 to \$22,311\_\_\_\_) (\$22,312 to \$30,044 \_\_\_\_\_) (\$30,045 to \$37,777 \_\_\_\_\_)  
(\$37,778 to \$45,510 \_\_\_\_\_) (\$45,511 to \$53,243 \_\_\_\_\_) (\$53,244 to \$60,976\_\_\_\_)  
(\$60,977 to \$68,709 \_\_\_\_\_) (\$68,710 to \$76,442\_\_\_\_) (\$76,443 to \$84,175 \_\_\_\_\_)  
(\$84,176 to \$91,908 \_\_\_\_\_) (\$91,909 to \$99,641\_\_\_\_) (\$99,642 to \$107,374 \_\_\_\_\_)  
(\$107,375 to \$115,107 \_\_\_\_\_) (\$115,108 to \$122,840\_\_\_\_) (\$124,841 to \$130,573\_\_\_\_)  
(\$130,574 to \$138,306\_\_\_\_) (\$138,307 to \$146,039\_\_\_\_) (\$146,040 to \$153,772 \_\_\_\_\_)  
(\$153,773 to \$161,505 \_\_\_\_\_) (\$161,506 and up\_\_\_\_)

3. Is any student you are applying for homeless, migrant, or a runaway? Circle (Y) or (N)

4. Do you want health insurance for your children? (Yes) (No). If yes, please enter the last 4 digits of your social security number\_\_\_\_\_.

5. Would you like your name and contact information shared with YouthCare to gain more insight into behavioral health and case management needs comprehensive services? Services to Soonercare recipients are paid for entirely by Soonercare. (Y) (N)

6. Where are you and your family currently living? Circle one:

(Rent) (Own) (Emergency shelter) (vehicle) (streets) (hotel)  
(home with no running water or electricity) (with an adult that is not a parent/guardian).

7. Are your students eligible for free or reduced lunches, breakfasts, snacks or milk at their school(s)? (Yes) (No).

If yes, person receiving benefits\_\_\_\_\_

Case number\_\_\_\_\_



**8. Is your family eligible for food stamps? (Yes) (No).**

If yes, person receiving benefits \_\_\_\_\_

Case number \_\_\_\_\_

**9. Does your family qualify for medical assistance under Medicaid? (Yes) (No).**

If yes, person receiving benefits \_\_\_\_\_

Case number \_\_\_\_\_

**10. Is your family receiving Supplementary Security Income (SSI)? (Yes) (No).**

If yes, person receiving benefits \_\_\_\_\_

Case number \_\_\_\_\_

**11. Does your family receive Temporary Assistance for Needy Families (TANF)?**

(Yes) (No)

**12. Does your family receive housing assistance (section 8)? (Yes) (No).**

**13. Does your family receive home energy assistance (LIHEAP)? (Yes) (No).**



### EMERGENCY CONTACT

Emergency contact Name: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_ Emergency contact email: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

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

### MEDICAL RELEASE

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

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

Phone Number(\_\_\_\_) \_\_\_\_\_

Child's Medical history:

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

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

Other relevant 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 \_\_\_\_\_



**TRANSPORTATION/PICK UP**

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: \_\_\_\_\_

**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 my child (child's name) \_\_\_\_\_ including derivative works thereof (collectively, the "images"), and any 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 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.

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

Parent Name \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_

**UNIVERSAL PERMISSION SLIP FORM**



I, the undersigned, do hereby grant permission to OKLAHOMA ISLAMIC ACADEMY and its staff to go along with my child whose names appear on this form, 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 from such activity.

Parents

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

Parent Signature \_\_\_\_\_

### CO-OP PRICES & PAYMENT PLAN

Name of sponsor \_\_\_\_\_ SS# \_\_\_\_\_

Employer name and address  
\_\_\_\_\_  
\_\_\_\_\_

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	\$15/30 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 their co-op until such time as payment is received. All bills must be paid before a co-op 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 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 OIA Board reserves the right to change 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 OIA board).





**DISCLAIMER & CONTRACT for the OIA CO-OP Program**  
**VERY IMPORTANT PLEASE READ,**  
**YOUR INITIALS & SIGNATURE IS A BINDING CONTRACT TO THE TERMS BELOW.**  
**Please INITIAL the following:**

1. \_\_\_\_ In order to enroll for the upcoming school year co-op, families must pay 1 month tuition (\$580) as a non-refundable deposit. However, once the child begins the school year as a full-time student, that deposit will be applied to the last month of school tuition in May.
2. \_\_\_\_ 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.
3. \_\_\_\_ 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 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.
4. \_\_\_\_ If a student enrolls after October 1st , OIA will assess an automatic late enrollment fee of \$600 to cover the cost of books and materials which will be built into the remaining tuition cost.
6. \_\_\_\_ You can make payments in person with cash or check (addressed to OIA) at our office. We also accept credit card payments with a 5% service fee applicable. All fees are nonrefundable.
7. \_\_\_\_ Monthly tuition payments are due on the 1st of each month. Each day past due will accrue a \$15 late payment fee per day. Private lesson payments are due in full at the beginning of the school year or on the date of the first private lesson.

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

Print Full Name \_\_\_\_\_ Date: \_\_\_\_\_