

Office Use only:
 Name of Student: _____ School Year: _____
 Grade Level _____ Teacher _____
 Deposit Paid _____ Date of Application _____
 Immunizations on record _____ Birth Certificate on Record _____



OKLAHOMA ISLAMIC ACADEMY (OIA) CO-OP APPLICATION

STUDENT DATA

Last Name: _____ **Middle Name:** _____ **First Name:** _____

Gender (M) (F) Birth date: _____ **Birth City:** _____ **Birth Country:** _____

Street address _____ **City** _____ **State** _____ **Zip Code** _____

Student's own 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 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 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? _____

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

1. **Approximate date student first enrolled in a school in the U.S?** Month____Day____Year_____
2. **Is student enrolled in an OK school currently?** (Yes) (No). If yes, name of school: _____
3. **Name of school district student is currently attending**_____
4. **Type of school currently attending:** (Public) (Private) (Home school)(Out of state/country) (Other).
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. **Do you want health insurance for your child?** (Yes) (No). If yes, last 4 digits of your social security number_____
4. **Would you like your name shared with YouthCare** to gain more insight into behavioral health & case management needs comprehensive services? Services to SoonerCare recipients paid entirely by SoonerCare. (Y) (N)
5. **Where are you and your family currently living?** Circle one: (Rent) (Own) Other:_____
6. **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_____
7. **Is your family eligible for food stamps?** (Yes) (No). If yes, person receiving benefits_____Case number_____
8. **Does your family qualify for medical assistance under Medicaid?** (Yes) (No).
If yes, person receiving benefits_____Case number_____
9. **Is your family receiving Supplemental Security Income (SSI)?** (Yes) (No).
If yes, person receiving benefits_____Case number_____
10. **Does your family receive any of the following: Temporary Assistance for Needy Families (TANF)** (Yes)(No)
Housing assistance (section 8) (Yes) (No) **Home energy assistance (LIHEAP)?** (Yes) (No).

EMERGENCY CONTACT

Emergency contact Name: _____ **Emergency Contact phone:**() _____

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

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.

1. **Name of person given permission:** _____ **Phone number:**() _____

Address: _____

2. **Name of person given permission:** _____ **Phone number:**() _____

Address: _____

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 _____

PHOTO/VIDEO RELEASE FORM

Oklahoma Islamic Academy requests your permission to take, develop & display pictures & videos taken of your child while he/she is attending the program. These 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/videos 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/video and use them for the purposes described above.

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

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.

Insurance Company: _____ Policy Number: _____

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.

CO-OP PRICES & PAYMENT PLAN CONTRACT

Name of sponsor _____ Social Security Number _____

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	

PAYMENT PLAN (check one): Monthly Semester One time

All payments are due the 15th of each month. If not received by the 20th, payments are considered past due. For each past due payment, there will be a \$15.00 late fee charged to your account. All bills/past due balances must be paid before a co-op student is admitted 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 any time. 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.

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. Enrollment after April 1st for the upcoming school year includes a \$100 registration fee. There is no Enrollment fee of \$100 before April 1st for upcoming school year.
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. Excludes PK3.
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 specific date of each month listed on payment schedule 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.
8. ____ Oklahoma Islamic Academy reserves the right to withdraw/expel a student for any reason at any time during the school year. Reasons may include, BUT ARE NOT LIMITED TO, repeated tardiness and/or absences, bullying, being consistently disruptive in the classroom, being consistently disrespectful to teachers, staff and/or other students, requiring special resources that the OIA co-op does not provide such as a school psychologist, special needs teacher, and/or or resources beyond the capabilities of the co-op; or if a student does not function at grade-level, and/or shows lack of concern for school or assignments. Also includes: lack of involvement from parents in the academic journey; parent(s) exhibiting belligerence or unwilling to cooperate with school policies, expectations, and rules.

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