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



UKLAHUWI	A ISLAMIC ACADEMY STUDE	ENT DATA	APPLICATIO	JN	
Last Name:	Middle Name:First N		First Name	ame:	
Gender:(M)/(F)Birth date:					
Street address					
Student's own email (optional)					
		NFORMATION			
First parent:	I / III I I I I I I I I I I I I I I I I	WORMANION,			
Last Name:	MiddleName:	Firs	st Name:	Suffix	
Gender (M) (F) Relationship to	o student	Street add	dress: 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 l	Name:	Suffix	
Gender(M) (F) Relationship to s	student	Street ad	dress: Same as	Student Y or N	
If street address is different than	student:				
Street Address_		City	State	Zip Code	
Email_					
	DEMOGRAPHIC/LAN				
Student race: (White) (Hispa					
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? MonthDayYear			
2. Is student enrolled in an OK school currently? (Yes) (No). If yes, name of school:			
3. Current school address:Current school phone:			
4. Name of school district student is currently attending:			
5. Based on your home address, which public school would your child be assigned to?			
6. <b>Type of school currently attending:</b> (Public) (Private) (Home school)(Out of state/country) (Other).			
7. Has the student ever been on an IEP or a 504 plan? (Yes) (No) If yes, IEP or 504?			
8. Is the student currently on an IEP or a 504 plan? (Yes) (No) If yes, IEP or 504?			
9. <b>Has the student ever received related services?</b> (Yes) (No). If Yes, please select which one (Speech) (Physical therapy) (Occupational Therapy)			
10. <b>Does the student currently receive related services?</b> (Yes) (No). If Yes, please select which one (Speech) (Physical therapy) (Occupational Therapy)			
11. Has the student ever received ELL(English Language Learner) services? (Yes) (No)			
12. Does the student currently receive any ELL(English Language Learner) services? (Yes) (No)			
13. 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. <b>Do you want health insurance for your child?</b> (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? Circe 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).			
110 using assistance (section of (105) (100) 110 me chergy assistance (LITEAT): (105) (100).			

EMERGENCY CONTACT			
<u>EWERGENCY CONTACT</u>			
Contact name:phone:() Permission to make decisions on behalf of your child? Y or N	Relation		
Permission to make decisions on behalf of your child? Y or N			
TRANSPORTATION/PI			
Please fill out the form below. This form will allow those listed to transpordrop off your child to and from school. Please note that this form must be used to the control of the control	· · · · · · · · · · · · · · · · · · ·		
1. Name of person given permission:	Phone number:()		
LININ/EDGAL DEDMISSION	CI ID EODW		
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 nameDate:	Parent Signature		
PHOTO/VIDEO RELEAS	SE 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		
	e permission for any and all medical attention to be		
	ld) 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 N	· · · · · · · · · · · · · · · · · · ·		
In case I cannot be reached, the following person is designated to ac			
personnel designated by the director in her absence.	, i		
ALLERGY INFORMA	ATION		
Please list any known allergies:			
What is the student's reaction to the allergen(s)?			
Are you allergic to food? Yes or No  If you what would be the student's reaction if they touched the food?			
If yes, what would be the student's reaction if they touched the food?			
If yes, what would be the student's reaction if they ingested the food?			
Please list any known food intolerances:			
Provide information as to how the intolerance is managed:			

## **CO-OP PRICES & PAYMENT PLAN CONTRACT**

Name of person responsible for financial payments to OIA				
Social Sec	curity Number of person respons	sible for financial payn	nents to OIA	
Employer	name and address			
Check One Please	Program	Paid in Full	Two Equal Installments	Ten Equal Installments August to May
	Preschool 3 year olds co-op *no sibling discount	\$5800 August 1st	\$3000 August 1st \$3000 December 1st	\$625 per month
	Preschool 4 year olds co-op *no sibling discount	\$6650 August 1st	\$3425 August 1st \$3425 December 1st	\$710 per month
	Kindergarten to 12th grade co-op	\$6800 August 1st	\$3500 August 1st \$3500 December 1st	\$725 per month
	Kindergarten to 12th grade co-op *SIBLING DISCOUNT*	\$6460 August 1st	\$3330 August 1st \$3330 December 1st	\$690 per month
OIA's tuition is all inclusive to simplify payments for parents - the total cost includes all fees except the non-refundable application fee. Your child's placement is not guaranteed with the application fee. Your child's placement is only guaranteed once you have paid the first and last month's tuition as a non-refundable deposit in advance**, otherwise OIA reserves the right to give your child's spot to another student. **There is no penalty for a family who registers for the upcoming academic year and then chooses to withdraw prior to June 1. They will not be charged tuition or penalties, and first and last month's tuition will be refunded. The registration fee will not be refunded. After June 1, the first and last month's tuition will not be refunded.  Application Fee: A non-refundable fee must be submitted with the application.  January 10 - February 28 Early Registration for Returning Students \$50.00/student / For new students: \$100.00 March 1 - April 30, the registration fee is \$100.00/student  June 1 - July 31, the registration fee is \$125.00/student  After July 31, the registration fee is \$150.00/student				
EARLY WITHDRAWAL POLICY Initial Here:				
After enrolling a student and a family chooses to withdraw prior to the end of the year, tuition owed is based on the following formula.  If a family withdraws:				
During 1st period: you are responsible for tuition through the end of last month of enrollment plus a 60% penalty of total tuition.				
During 2nd period: you are responsible for tuition through the end of last month of enrollment plus a 40% penalty of total tuition				

1st period: August 1 to October 31 / 2nd period: November 1 to January 31 / 3rd period: February 1st to May 28

of total tuition.

During 3rd period: you are responsible for tuition through the end of the last month of enrollment plus a 25% penalty

\*OIA will base early withdrawal tuition amounts on monthly installment amounts, even if a family has paid in full.

## DISCLAIMER & CONTRACT for the OIA CO-OP Program YOUR INITIALS & SIGNATURE IS A BINDING CONTRACT TO THE TERMS BELOW. Academic Year August 2021 to May 2022

1Ensuring your child's enrollment. In order to enroupcoming school year co-op, his/her family must pay *non-refundable deposit. *There is no penalty for a family and then chooses to withdraw prior to June 1. They will not be month's tuition will be refunded. The registration fee will remonth's tuition will not be refunded. If a student enrolls after first and last month's tuition, with no refunds. All fees are nor	y the first and last month's tuition as a y who registers for the upcoming academic year be charged tuition or penalties, and first and last not be refunded. After June 1, the first and last June 1, the family is responsible for paying the
2 If the student decides to forfeit their placement for his/her family will forfeit the deposit.	or the upcoming academic year after June 1st,
3 If a student begins school after the beginning of the stuition for the first month of attendance as well as last month'	
4 If a student enrolls after October 1st, OIA will associate the cost of books and materials which will be built into	
5You can make payments in person with cash or chaccept credit card payments with a 5% service fee applicable.	
6. Monthly tuition payments are due on the specific date Each day past due will accrue a \$15 late payment fee per date beginning of the school year or on the date of the first private	y. Private lesson payments are due in full at the
7If the student withdrawals before the end of the acapolicy.	ademic year, you agree to the early withdrawal
8I agree to pay a \$200 school supply fee per child.	
9. I understand that my child will be required to get thr flu of vaccination for the flu vaccine no later than October 31st should it become available for children of all ages, my child before or during the academic year. (Due date for proof guidelines).	of the current academic year. I understand that, will be required to get a COVID-19 vaccination
10Oklahoma Islamic Academy reserves the right to witime during the school year. Reasons may include, BUT ARE absences, bullying, being consistently disruptive in the cateachers, staff and/or other students, requiring special resource a school psychologist, special needs teacher, and/or or resource student does not function at grade-level, and/or shows lack of reserves the right to withdraw/expel a student for any of the involvement from parents in the academic journey; pare cooperate with school policies, expectations, rules and tuition	E NOT LIMITED TO, repeated tardiness and/or classroom, being consistently disrespectful to ces that the OIA co-op does not provide such as rees beyond the capabilities of the co-op; or if a of concern for school or assignments. OIA also e following, BUT NOT LIMITED TO: lack of ent(s) exhibiting belligerence or unwilling to
Parent/Guardian's Signature:	
Print Parent/Guardian Full Name	Date



## **OIA PAYMENT SCHEDULE FOR SCHOOL YEAR 2021/2022**

## Asalamu Alaikum OIA Parents,

For your convenience, we have set up a monthly payment plan for families who cannot pay tuition in full on the first day of school.

Payment	Due	Late on:	
1st payment	August 1, 2021	August 5th, 2021	
2nd payment	September 1, 2021	September 7, 2021	
3rd payment	October 1, 2021	October 5, 2021	
4th payment	November 1, 2021	November 5, 2021	
5th payment	December 1, 2021	December 6, 2021	
6th payment	January 3, 2022	January 5, 2022	
7th payment	February 1, 2022	February 5, 2022	
8th payment	March 1, 2022 March 5, 2022		
9th payment	April 1, 2022 April 5, 2022		
10th payment	*Your deposit that was paid before the start of the school year is applied as long as the student remains enrolled, otherwise, the deposit becomes a non-refundable penalty if the student withdraws anytime during the year.		

All payments are due the 1st of each month. If not received by the 5th, payments are considered past due. For each day past due payment, there will be a \$15.00 late fee per late day charged to your account. All bills/past due balances must be paid before a co-op student is admitted and before transcripts and/or letters of recommendation will be issued. There is also a returned check fee of \$25 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. 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. I understand that my child will not be allowed to attend OIA if I do not make my payments on time and OIA reserves the right to expel a student at any time for lack of tuition payment.