

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 _____



OKLAHOMA ISLAMIC ACADEMY (OIA) CO-OP APPLICATION

STUDENT DATA

Last Name: _____ **Middle Name:** _____ **First Name:** _____
Gender:(M)/(F) **Birth date:** _____ **Birth City:** _____ **Birth State** _____ **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. 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. Type of school currently attending: (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. Has the student ever received related services? (Yes) (No).
If Yes, please select which one (Speech) (Physical therapy) (Occupational Therapy)
10. Does the student currently receive related services? (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. 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

Contact name: _____ 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: (____) _____

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.

ALLERGY INFORMATION

Please list any known allergies: _____

What is the student's reaction to the allergen(s)? _____

Are you allergic to food? Yes or No

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? _____

If yes, what would be the student's reaction ate items processed in the same factory as the allergen?

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 Security Number of person responsible for financial payments to OIA _____

Employer name and address _____

Check One Please	Program	Paid in Full	Two Equal Installments	Ten Equal Installments August to May
<input type="checkbox"/>	Preschool 3 year olds co-op *no sibling discount	<input type="checkbox"/> \$5800 August 1st	<input type="checkbox"/> \$3000 August 1st \$3000 December 1st	<input type="checkbox"/> \$625 per month
<input type="checkbox"/>	Preschool 4 year olds co-op *no sibling discount	<input type="checkbox"/> \$6650 August 1st	<input type="checkbox"/> \$3425 August 1st \$3425 December 1st	<input type="checkbox"/> \$710 per month
<input type="checkbox"/>	Kindergarten to 12th grade co-op	<input type="checkbox"/> \$6800 August 1st	<input type="checkbox"/> \$3500 August 1st \$3500 December 1st	<input type="checkbox"/> \$725 per month
<input type="checkbox"/>	Kindergarten to 12th grade co-op *SIBLING DISCOUNT*	<input type="checkbox"/> \$6460 August 1st	<input type="checkbox"/> \$3330 August 1st \$3330 December 1st	<input type="checkbox"/> \$690 per month

OIA's tuition is all inclusive to simplify payments for parents - the total cost includes all fees, including school supplies, 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.

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

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

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

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

1. ____ Ensuring your child's enrollment. In order to enroll and ensure your child's placement for the upcoming school year co-op, his/her family **must pay the first and last month's tuition as a *non-refundable deposit.**

*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. If a student enrolls after June 1, the family is responsible for paying the first and last month's tuition, with no refunds. All fees are nonrefundable.

2. ____ If the student decides to forfeit their placement for the upcoming academic year after June 1st, his/her family will forfeit the deposit.

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.

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.

5. ____ 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.

6. ____ Monthly tuition payments are due on the specific date of each month listed on the 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.

7. ____ If the student withdraws before the end of the academic year, you agree to the early withdrawal policy.

8. ____ I agree to pay a \$200 school supply fee per child.

9. ____ 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 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 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/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.