

Parents' Information

Father's Name: _____ Occupation: _____

Work Phone #: (____) _____ Cell Phone #: (____) _____

Email address: _____

Mother's Name: _____ Occupation: _____

Work Phone #: (____) _____ Cell Phone #: (____) _____

Email Address: _____

Emergency Contact Information

Please list two relatives or neighbors who will assume temporary care of your child if you cannot be reached in case of emergency

1-Name: _____ Relation: _____

Phone: _____

2-Name: _____ Relation: _____

Phone: _____

Affidavit

In case of accident or illness, I understand that the school will contact me. If the school is unable to reach me in an emergency, I understand that the school may take the necessary action to help my child, including taking my child to the nearest hospital. I list my physician's name and phone number in case it would be needed.

Physician's Name: _____ Phone: _____

Parent's Name: _____ Phone: _____

Parent's Signature: _____ Date: _____

*The following policies apply to all **New** and **Returning** students:

The tuition for the 2018-2019 school years:

One Child	\$ 605
Two Children	\$ 945
Three Children	\$ 1,250
Four Children	\$ 1,375

Application fee (non-refundable)	All Grades	\$50
Workbooks/Resources **	Kindergarten	\$550
Workbooks/Resources **	Grades 1-5	\$600
Workbooks/Resources **	Grades 6-8	\$650

ACT Test & Practice **	\$ 65	3 rd - 8 th grade
Graduation Cap & Gown **	\$ 35	KG, 5 th & 8 th grade
RAZ KIDS **	\$ 5	

- Registration, Supplies and Books fee are due at the time of application submission.
- All fees are non-refundable and secure your child's place for the coming year.
- In case of traveling, leaving school or vacation you still have to pay full tuition till June.
- Tuition is due at the **1st day** of the month. There will be a **\$30.00 late fee after the 5th of the month.**

New students should submit the following for each child:

- ✓ Proof of Birth Date...Birth Certificate
- ✓ Immunization Record...all Immunizations should be up to date
- ✓ Health Check-Up Form...all students beginning school
- ✓ TB Test Results
- ✓ Language Survey and Family Survey (all students)
- ✓ Report Card
- ✓ Al-Huda Database and Emergency

I accept and agree to abide by the policies stated above and Al-Huda Islamic School Rules and Regulations.

Signature of Parent/Legal Guardian

Date

** Subject to change

Our enrollment is on a first-come, first-serve basis since faculty can only teach a limited number of students for the best possible care and education. We urge you not to delay enrollment. Once classes are full, applicants will be placed on a waiting list.

Thank you.



AL HUDA
ISLAMIC SCHOOL



Family survey letter

Dear Parents/Guardians:

The Elementary and Secondary Education Act (ESEA), as reauthorized by the Every Student Succeeds Act (ESSA), provides supplemental educational services for eligible public and private school students

The purpose of the Act is to provide additional help for children so that they can acquire the knowledge and skills necessary to meet the challenging student performance standards that all children are expected to meet.

Please take the time to fill in the enclosed Family survey. All you need to do is circle YES or NO after each question. Your answers will be strictly CONFIDENTIAL, only I will use the information.

This information is very important. It will help us continue our participation in Title I supplemental educational programs, such as reading programs that help our children. Your tax dollars are paying for these programs. Please help us to keep them.

Please return your Family Survey no later than _____. Remember that this information is CONFIDENTIAL.

If you have any questions, please call me at the school office at 310-973-0500 or email me at alhudaprincipal1@gmail.com.

Thank you for all that you do for our children and our school.

Sincerely,

Rima Mekdashi

Principal

AL HUDA ISLAMIC SCHOOL
FAMILY SURVEY
COMPARABLE DATE
(School Does Not Participate in the Federal Meal Program)

Parent Name: _____

Address: _____

City _____ Zip Code: _____ Phone: _____

Children: Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

1) Are you receiving assistance under CalWORKs? YES NO

If yes, please enter case # _____

2) Does your family participate in the CalFresh Benefits (FOOD STAMPS program)? YES NO

If yes, please enter case # _____

3) Are any of your children receiving Kin-GAP benefits? YES NO

If yes, please enter case # _____

4) Circle your Family Size (all adults and children living with you).

Family Size

1 2 3 4 5 6 7 8

5) What is your family total weekly income? \$ _____

Please note, you may be required to present proof of income.

Dater _____

SCHOOL: ALHUDA ISLAMIC SCHOOL

TEACHER: _____

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year	
ADDRESS—Number, Street	City	ZIP code	SCHOOL	

PART II TO BE FILLED OUT BY HEALTH EXAMINER**HEALTH EXAMINATION**

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.

Note to School: Please record immunization dates on the blue California School Immunization Record (PM 288).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

and

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN**RESULTS AND RECOMMENDATIONS**

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

- Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian

Date

Name, address, and telephone number of health examiner

Signature of health examiner

Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.



AL HUDA
ISLAMIC SCHOOL

Al – Huda Islamic School
12227 Hawthorne Way
Hawthorne, CA 90250

Parental Permission Forms
Picture Permission Form



I give my permission for photographs, videos and/or slides to be taken of
_____ while participating in school programs and/
Student Name
or activities.

I understand that these photographs, videos and /or slides may be used for brochures,
presentation to parents and other interested groups, and for public relation purposes.

Parent/guardian signature

Date