
[Under the umbrella of ICF]

ILM Academy

42412 Albrae Street

Fremont, CA 94538

**Aspiring to Provide the Academic Excellence
in an Islamic Environment**

Admission Application & Registration

**Now Accepting
Applications for**

**Kindergarten – 8th grade
2021 –2022**





Admissions Process 2021-22 (New Students)

Following is the admissions process for all existing students. Please read through this document carefully, making note of the documentation required, payment methods and deadlines.

All of the following are required to reserve a seat in class. Be sure to bring all documents, forms, and fees with you when you come to register. No partial registrations will be accepted.

- Submit updated registration form with Registration Fee (\$300) + Book use fee (\$250 KG-4th, \$275 5th-8th grades) + Volunteer fee (\$200). Registration fee should be paid by check – no cash please. Please review the Registration Form for accuracy and completeness. Make corrections or additions in the blank space on the right side of the form.
- Complete and sign the Financial Agreement (Financial Agreement)
- Use one of the following methods to cover Annual Tuition and Volunteer Fee:
 - A check in the full annual amount dated as of the registration date or
 - A Direct Payment Authorization form, completed and signed (Direct Payment Form)
- Emergency Form (Emergency Form)

The first day of school for the academic year 2021-21 will be Wednesday, August 25th, 2021.

Due with this form:

- \$300 (Reg.) + \$250(Book Use fee K- 4th) or \$275 (Book Use Fee 5th – 8th) + Volunteer Fee (\$200)
- Copy of Immunization Record and Birth Certificate (Kindergarten only)

Important Dates

January 20, 2021

August 25, 2021

New enrollment begins

First day of school

When and What

With registration packet

Registration + Book use Fee + Volunteer program fee +Full year tuition or ACH Form.



ILM Academy

42412 Albrae Street, Fremont, CA 94538
(510) 936-1572 E-mail: Administration@theilmacademy.com
www.theilmacademy.com

Application for Admission (2021 –22)

Family Name (Last Name): _____

Total Number of family members applying to ILM Academy:

Student First Name	Date of Birth	Grade Applying For

Please ensure that all of the required forms listed below have been completed before returning this application to ILM Academy.

Applicant's Checklist

- ☐ Application for Admission
- ☐ Health Requirements Form (K & 7th applicants only)
- ☐ Updated Immunization Record
- ☐ Accepted all of terms of this application
- ☐ Registration and Book use fee
- ☐ ACH Information or full year tuition fee

Office Use Only

Verified ☐

Verified ☐

Verified ☐

Verified ☐

Verified ☐

Verified ☐

For Office Use Only

Application Checked by: _____

Date: _____

Student Date of Admission: _____

Application Form

Date: _____

Student Information

Name: _____
Last First Middle Preferred

Grade Applying For: _____

Date of Birth: _____ Gender: _____
Month Day Year Male / Female

Parent/Guardian: _____
Last First Middle

Home Address: _____
Number Street
City State Zip Code

Parent/Guardian Telephone Numbers: (____) _____ (____) _____
Home Mobile

Siblings Attending ILM Academy: _____

Please be sure to call the school office if your address or telephone number changes.

Parent/Guardian Signature: _____

Parent Information

Father's Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Telephone Numbers: (____) _____ (____) _____
Home Business
(____) _____
Mobile

E-mail: _____

Occupation: _____

Employer: _____

Mother's Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Telephone Numbers: (____) _____ (____) _____
Home Business
(____) _____
Mobile

E-mail: _____

Occupation: _____

Employer: _____

Emergency Contact (if parent/guardian cannot be reached)

Name

Telephone Number(s)

Relationship

List any special needs that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, learning difficulties and any other information that staff should be aware of
(If none write **NONE**):

(Attach additional sheets if needed)

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Principal or person in charge to take my child to the most convenient hospital or to:

Name of Physician: _____

Address: _____

Telephone Number: _____

I give consent for this facility to secure any and all necessary emergency medical care for my child:

Parent/Guardian Signature

Financial Agreement (2021-2022)

Please select at least one of the options below:

	Tuition Fee is \$5250 for ten months. (Paid Annually by May 31st) is \$5000(after 5% discount) paid through check
	Tuition (Paid Monthly) is \$525/month (for ten months) paid through ACH
	Tuition with sibling discount (Paid monthly) is \$500/month (for ten months) paid through ACH

Registration Fee: Non-Refundable fee due in full at the time of registration. Registration allows the school to proactively plan the upcoming year and reserve a spot for your child in the classroom.

Book Usage Fee: Due in full with the annual tuition fee (This fee allows students to use books during the academic year but does not entitle them to take books with them when they leave the school. Students who damage, deface, or lose books will be charged fines up to \$75 (according to replacement cost of book). Book use fee is only refundable if the application is withdrawn by 31st May with a written withdrawal form.

Parents are responsible for full payment of tuition and other fees.

Additional Policies and Pertinent Information:

ILM Academy reserves the right to impose appropriate penalties in those situations when tuition payments are delinquent. These may include, but are not limited to denial of re-enrollment, suspension of students, not allowing students to sit for exams, withholding of transcripts and records as prescribed by law.

- We require all parents to enroll in ACH tuition payment.
- Last date to withdraw a child from the class is 15th of the prior month.
- Students are required to take care of the books and return them at the end of the year. Parents will be assessed additional fees if the books are not returned or if they are returned in less than satisfactory condition.
- Volunteer time: All parents are required to complete 25 hours of volunteer time per family. \$200 check is expected along with application form. This shall be refunded at the end of school year if all 25 hours have been completed. It is the responsibility of parent to work with school administration to find volunteer opportunities.

NOTE: Tuition is due in full for each month regardless of the number of days your child attends school. If your child is sick and does not attend, the payment will not be reduced and no compensation will be made for hours or days missed. The tuition will remain the same for months in which there are long holidays. ILM Academy reserves the right to alter the calendar or school at any time throughout the year. Such alterations do not change the parental requirement to pay full tuition. Registration fee is non-refundable. Book use fee is only refundable if the application is withdrawn by 31st May. Last day to withdraw is 15th of the prior month in the form a fully filled withdrawal application and submitted to the office in print. Separate withdrawal form is required for each child.

I understand the amount of tuition for my child/children and that I will not be receiving a monthly bill. **I further understand that payment will become delinquent on the fifth day of any month for which I have not yet made a tuition payment and that a late fee of \$50 will be assessed.**

I have read the financial policies for ILM Academy and agree to abide by all terms of this agreement.

Parent Signature: _____ **Date:** _____

Parent Name: _____

Automatic Payment Form

ILM Academy uses an Automatic Deduction Payment Service for your convenience. It is a safe and secure way to make your payments. For the 2021-22 school year we will process the deduction on the 3rd day of each month. Should the 3rd fall on a Saturday or Sunday, the deduction will take place on the following Monday. If you wish to stop the automatic deductions, you will need to submit your request in writing at least one week before the next deduction is to be made.

- ☐ Use ACH information already on file from last year.
- ☐ Charge my account for Registration, Book use fees and Volunteer fee.
(Book use fee K-4th \$250) (5th-8th Grade \$275)
- ☐ Sibling Discount ☐ Basic Fund
- ☐ Registration and Book Use fee paid by check. Amount and Check # _____ ☐ Annual Fee
- ☐ Volunteer Fee

AUTHORIZATION FOR AUTOMATED PAYMENTS

I authorize and request the ILM Academy to initiate debit entries to my account, by and through Automated Clearing House, hereinafter called ACH, and to debit the same to such account as indicated at the depository financial institution indicated below. This authorization is to remain in full force and effect until ILM Academy has received written notification from me of its termination in such time and manner as to afford ILM Academy and depository financial institution a reasonable opportunity to act on it.

Parent Name:	
Child's Name:	
Monthly amount to charge:	
Bank Name:	
Account Type:	<input type="radio"/> Checking <input type="radio"/> Saving
Routing Number:	
Account Number:	
Signature:	
Date:	

[ATTACH VOIDED CHECK HERE]

STUDENT MEDICAL INFORMATION:

Students Name: _____ Grade: _____

Physician's Name: _____ Clinic Phone #: _____

Address : _____

Parents Contact Phone #'s : Home /Work _____ Cell #'s _____

Medical Coverage by: _____ ID#: _____

Important Health information (Allergies, Medications, Other medical Conditions, etc):

☐ No known health problems **Or Check the Following**

☐ Asthma ☐ Autism ☐ ADHD ☐ Diabetes ☐ Epilepsy ☐ Fainting Spells

☐ Migraine ☐ Heart Condition ☐ Seizure Disorder

☐ Other Health conditions: *(please specify)* _____

Eye Problems ☐

____ Glasses _____ to be worn at all times

____ Contacts _____ to be worn at all times

____ requires preferential seating

Hearing problems ☐

____ has hearing problem

____ has tubes in ears

____ uses hearing aid

____ requires preferential seating

Allergies: ☐

Food Allergies: ☐

For any of the above please attach relevant doctor's certificate

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Transportation Permission Slip

There may be times that ILM Academy will need to transport your child for field trips or in emergency situations. By signing this form you give ILM Academy permission to transport your child in these situations. In the case of field trips we will also send you a separate permission slip.

I hereby ____ **give** consent for my child to be transported and supervised by ILM Academy.

I hereby ____ **do not** give consent for my child to be transported and supervised by ILM Academy.

☐ On Field Trips

☐ For Emergency Care

Name of Student: _____

Parent Name: _____

Parent Signature: _____

Date: _____

Picture Authorization Form

Pictures of ILM Academy students will be taken throughout the year for inclusion in our yearbook as well as other school promotional activities.

I understand this policy and give permission for my child's photos to be placed on school bulletin boards, the ILM Academy website, the school yearbook, on school posters or in other ways for class and school activities.

Name of the child: _____

Name of Parent: _____

Parent's Signature: _____ Date: _____

I do **NOT** give permission for my child's photos to be placed on school bulletin boards, the ILM Academy website, the school yearbook, or on school posters.

Name of the child: _____

Name of Parent: _____

Parent's Signature: _____ Date: _____

Request for Transfer of Records

Please enter your child's previous school information:

Name: _____

Address: _____

Fax number: _____

E-mail (optional): _____

Student Name: _____ Birth date: ____/____/____

The above student has enrolled at ILM Academy. Please forward the permanent and cumulative academic records, standardized test records, health history/immunization records and discipline history to:

ILM Academy
42412 Albrae St
Fremont, CA 94538

PARENT AUTHORIZATION:

I GRANT PERMISSION FOR MY CHILD'S SCHOOL RECORDS TO BE SENT TO ILM ACADEMY.

Parent's Signature: _____ Date: _____

Registrar: Please be sure all records are legible. Thank you for your help.

ILM ACADEMY

PHYSICAL EXAMINATION REPORT

_____ has been seen in our medical office for regular and routine health care visits. All age appropriate examinations and laboratory tests have been done.

He/ She have:

☐ No, Known Health problems that would affect participation in school activities or sports

☐ has known health problem which might put restrictions for participation in school activities or sports.

Describe health problem: _____

Describe type of Precautions to be taken: _____

Doctor approved Medications / instructions: To be administered during school hours

Immunizations are updated as of _____ Next immunizations are due on

_____.

Doctor's signature and date

(To the doctor: This is a required form by the school (ILM Academy), in order to be informed about the student's health and to know that all required tests and immunizations are updated.)

STUDENT EMERGENCY CONTACT CARD

Emergency Contacts/Medical Consent (other side)

In case of an emergency, it is imperative that the school be able to reach the student's parent or guardian. Please fill in the information on both sides of this card carefully and accurately. Please type or use ink and print clearly and legibly.

STUDENT _____ Male _____ Female _____ Grade _____

_ Last Name First Middle

_ Home Address (Primary Residence) City Zip Home Phone Birthdate Birthplace

Mailing Address, if different from above City Zip Lives with: Both Parents Mother Father Legal Guardian
Address change? YES NO If Yes, please contact the school office.

MOTHER/GUARDIAN _____

_ Last Name First E-mail Employer

Home Address, if different from above City Zip Home Phone Work Phone Cell Phone Pager

FATHER/GUARDIAN _____

Last Name First E-mail Employer

Home Address, if different from above City Zip Home Phone Work Phone Cell Phone Pager
Are there any COURT-MANDATED custody/visitation orders limiting access to this student? YES NO If **Yes**, please attach **LEGAL ORDER**.
Other children at home: _____/_____/_____

_ Name Grade School Name Grade School
Languages spoken at home: 1. _____ 2. _____

AUTHORIZED CONTACTS Please list the names of relatives/neighbors/friends in close proximity to the school to whom we may release your child or contact if you cannot be reached. NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PARENTS, GUARDIANS OR ADULTS LISTED ON THIS CARD. In selecting someone to whom you authorize the release of your child, consider: (a) would your child feel safe and comfortable with this person and family? (b) Could this person care for your child for several days? (c) Is this person prepared to handle any special medical needs required by your child?

I/we hereby authorize the release of the student named above to the following persons in the event of illness, injury, evacuation or emergency that may occur while students are in school.

Name	Relationship	Home Phone	Work or Cell Phone
Out-of-state contact:			

I declare that the information on this form is true and correct. I will notify the school office immediately of any changes to be made in the foregoing information.

Parent/Guardian Signature _____ Date _____ Relationship _____

Continued →

STUDENT EMERGENCY CONTACT CARD

Medical Information and Consent

STUDENT _____
_____ Last Name _____ First _____ Middle _____

MEDICAL/HEALTH INFORMATION

Medication: Does your child require medication? Yes No

If your child requires medication at school, all medication sent to school must be in the original prescription container with a current date and the child's name. An "Authorization for Administration of Medication" form must be on file. For disasters, please provide a separate three-day supply for the school office, in the same format, along with the green "72-Hour Disaster Medication" form. Both forms are available from the school office.

Medication	Dosage	Hour(s) given

Health Insurance Information: Please circle the type of coverage you have. Family
Health Insurance Healthy Families California Kids
Medi-Cal # _____ No Health Insurance

Health Plan/Group Name _____ Policy No. _____

Physician/Health Care Provider _____ Phone No. _____

Dentist _____ Phone No. _____

Vision and/or Hearing Problems:

Wears/glasses/contacts: _____ for board work _____ for reading _____ all the time
Date of last eye exam _____ Wears hearing aid(s) _____

Medical Conditions: Please circle if your child has any of the following:

Severe allergies requiring: Epi-pen Benadryl
Food/Environmental Stinging Insects/Bees Medicines/Drugs Other

Please explain: _____

____ Current asthma If circled, _____ uses inhaler _____ on daily medication

Current seizures If circled, on medication? Yes No

Diabetes If circled, insulin dependent? Yes No

Behavior problems: _____

____ Movement limitations: _____

Other (please explain): _____ Rec

ent illness, hospitalization or surgery. If circled, please provide date(s) and description(s):

____ Medical condition which might require care or accommodation at school (please describe):

EMERGENCY TREATMENT AUTHORIZATION

I/we, the undersigned parent(s) or legal guardian of _____, a minor, do hereby give authorization and consent to the school to obtain emergency medical care and necessary transportation, including x-ray examination, anesthetic, medical or surgical diagnosis and emergency hospital which is deemed advisable by and is to be rendered under the general or specific supervision of medical and emergency room staff licensed under the provisions of the medicine practice act and the State of California Department of Public Health.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the student, but that any of the above treatment will not be withheld if the undersigned or authorized adults cannot be reached.

_____ is the hospital I/we prefer for emergency medical treatment of my/our child.

I/we understand that the school district does not provide accident/medical insurance for students, and I/we further understand that all costs related to medical treatment may be my/our responsibility and not that of the school district.

Parent/Guardian Signature _____

Date _____

