



ILM ACADEMY

**High School
2022 – 2023**

**Admission Application
&
Registration Booklet**

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

42412 Albrae St.
Fremont, CA 94538
(510)-936-1572
www.theilmacademy.com
fb.com/theilmacademy

APPLICATION PROCESS (2022- 2023)

Following is the admissions process for all new 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 (\$300) + volunteer fee (\$200). Registration fee is to be paid by check – no cash please. Please review the completed registration form for accuracy and completeness. Make corrections or additions in the blank space on the right side of the form.
- Complete and return all relevant forms to complete the admission process.
- 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)

The first day of school for the academic year 2022-23 will be Wednesday, August 31, 2022.

Payment due with this form:

- Registration Fee: \$300
- Book Use Fee: \$300
- Volunteer Fee: \$200

Important Dates

January 10, 2022 - High School Orientation

January 12, 2022 - High School Registration Opens

January 21, 2022 - Deadline for Registration Fee Discount

March 3, 2022 - Testing Date

August 31, 2022 - First Day of School

To be Returned in Order to Schedule Test and Interview

- Completed Application Booklet
- Copy of Transcripts from Previous School



ILM ACADEMY

Application Booklet

Family Name (Last Name): _____

Total Number of Family Members Applying to ILM Academy: _____

Student Full Name: _____

Date of Birth: _____

Grade Applying For: _____

Please ensure that all the forms in the admission booklet have been completed and signed before returning to ILM Academy.

FOR OFFICE USE ONLY:

APPLICATION CHECKED BY: _____

DATE: _____

STUDENT DATE OF ADMISSION: _____

STUDENT INFORMATION

Name: _____
 Last First Middle Preferred

Grade Applying For: _____

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

Siblings Attending ILM Academy: _____

PARENT INFORMATION

Father's Name: _____
 Last First Middle

Mother's Name: _____
 Last First Middle

Home Address: _____ City: _____ State: _____ Zip: _____

Father's Telephone Numbers: Home () _____ Cell: () _____

Mother's Telephone Numbers: Home () _____ Cell: () _____

Father's Email: _____ Mother's Email: _____

Father's Occupation: _____ Mother's Occupation: _____

Father's Employer: _____ Mother's Employer: _____

Father's Signature: _____ Mother's Signature: _____

EMERGENCY CONTACT (IF PARENT/GUARDIAN CANNOT BE REACHED)

Name: _____

Telephone Numbers: _____ 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)

FINANCIAL AGREEMENT 2022-2023

- Tuition Fee is \$6950.00 for ten months.
(Paid Annually by May 31st is \$6603.00 (after 5% discount) paid through check)
- Tuition (Paid Monthly) is \$695.00/month paid through ACH.
- Tuition with sibling discount is \$660.00/month paid through ACH.
(Parents are eligible for either annual tuition payment discount OR sibling discount)
- 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.

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, and withholding of transcripts and records, as prescribed by law.

- We require all parents to enroll in ACH tuition payment.
- Last date to submit application for withdrawal from school is the 15th of the running month. Withdrawal forms submitted after the 15th will be charged full fee for subsequent month. Separate withdrawal forms are required for each child. All withdrawal forms must be submitted to office.
- Students are required to take care of books to be returned at the end of the year. Parents will be charged additional fees if the books are not returned or if they are returned in unsatisfactory condition.
- Volunteer time: All parents are required to complete 25 hours of volunteer time per family. A \$200.00 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.
- Registration fee is non-refundable. Book use fee is only refundable if the application is withdrawn by 31st May.

NOTE: Tuition is due in full for each month regardless of the number of days student attends school. If student 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.

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 convenience. It is a safe and secure way to make payments. For the 2022-23 school year, the deduction will be made 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.

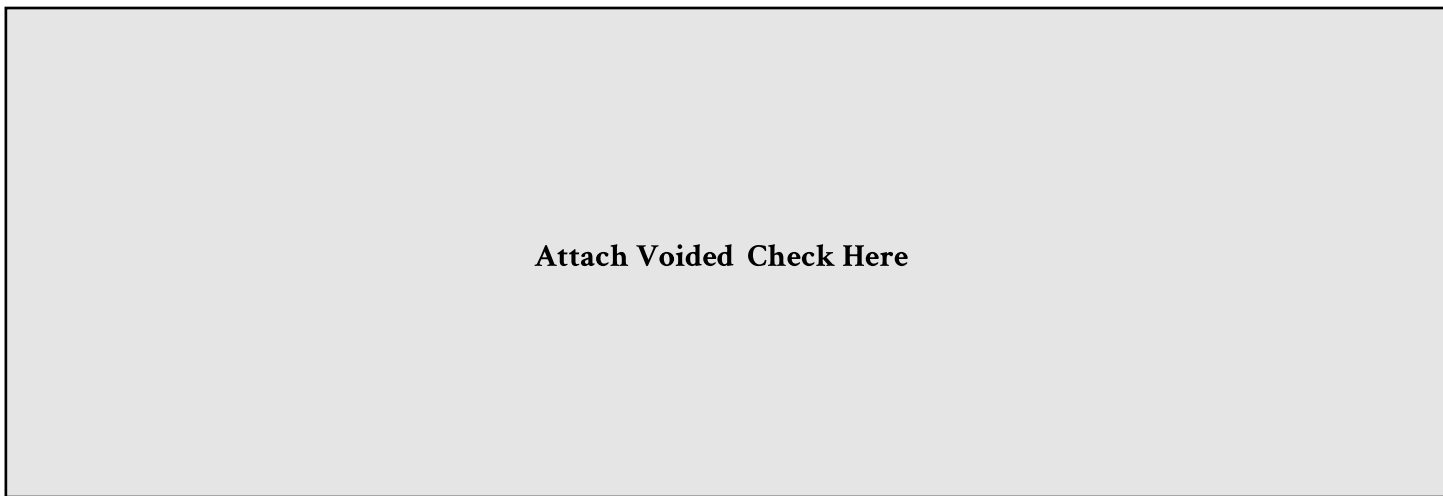
To stop the automatic deductions, a request must be submitted in writing at least one week before the next deduction is to be made.

- Use ACH information already on file from last year.
- Charge account for Registration Fee \$300.00, Book Use Fee \$300.00, and Volunteer Fee \$200.00
- Sibling Discount Basic Fund
- Registration and Book Use fee paid by check. Amount and Check # _____
- Annual Fee Volunteer Fee

AUTHORIZATION FOR AUTOMATIC 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="checkbox"/> Checking <input type="checkbox"/> Saving
Routing Number:	
Account Number:	
Signature:	
Date:	



ASTHMA HISTORY FORM AND HEALTH CARE PLAN

Student Name:	
Student Date of Birth:	
History Taken by and Date:	
Parent/Guardian:	
Parent Home and Work Phone:	
Alternate Contact:	
Primary Health Care Provider Phone and Address:	
First Diagnosis of Asthma:	
Asthma Related Hospitalization and ER Visits in Past Year:	
School Times Missed Due to Asthma in the Past Year:	

WHAT TRIGGERS THE CHILD'S ASTHMA? CHECK ALL THAT APPLY

- Exercise Respiratory Infection Chalk Dust Stress Strong Odors or Fumes
 Indoor Dust Pollen Cigarette Smoke Wood Smoke Carpets
 Outdoor Dust Molds Temperature Changes Mold
 Animals (Specify): _____

WHAT IS DONE AT HOME TO RELIEVE ASTHMA SYMPTOMS? CHECK ALL THAT APPLY

- Exercise Respiratory Infection Chalk Dust Stress Strong Odors or Fumes
 Indoor Dust Pollen Cigarette Smoke Wood Smoke Carpets
 Outdoor Dust Molds Temperature Changes Mold
 Animals (Specify): _____

WHAT MEDICATION DOES THE STUDENT TAKE FOR ASTHMA? INDICATE WHETHER IT IS DAILY OR AS NEEDED

Medication _____ Amount _____ How Often _____

Medication _____ Amount _____ How Often _____

DOES YOUR CHILD USE A SPACER WITH INHALER? YES NO

PLEASE INDICATE SPECIAL NEEDS RELATED TO CHILD'S ASTHMA

- Physical Education Class Recess Animals in Classroom
 Avoidance of Certain Foods Field Trips Access to Water
 Sports Transportation To and From School
 Other
 Observation of side effects from medications: _____

If you checked any of the above boxes, please describe needs : _____

ASTHMA ACTION PLAN (TO BE COMPLETED BY PHYSICIAN)

Student Name: _____ Grade: _____ Teacher: _____

Medication #1: _____ Dosage: _____ Time: _____ Route: _____

Medication #2: _____ Dosage: _____ Time: _____ Route: _____

IF THIS HAPPENS	DO THIS	DO THIS NEXT
<p>*Student has no asthma symptoms. *Student can do usual activities. *The student can sleep w/o symptoms.</p>	<p>*Encourage student/family to maintain therapy at home</p>	<p>*Continue to monitor for changes or asthma symptoms</p>
<p>*Student has asthma symptoms</p> <ul style="list-style-type: none"> • Shortness of breath • Wheezing or whistling sound when exhaling • Cough • Chest tightness • Rapid breathing 	<p>*Administer the Following Medication: <input type="checkbox"/> _____ <input type="checkbox"/> _____</p> <p>*Allow student to rest for 15 minutes. May encourage student to put hands on top of the head to relax chest muscles. *Allow student to rest for 15 minutes. May encourage student to put hands on top of the head to relax chest muscles</p>	<p>*Monitor student for response to medication: <input type="checkbox"/> If symptoms resolve student may return to class/normal activity but continue to monitor for changes. <input type="checkbox"/> If symptoms do not improve after 1 treatment you may repeat treatment and contact parents. <input type="checkbox"/> If symptoms do not improve or worsen after ordered treatments seek medical care</p>
<p>*If student has severe symptoms:</p> <ul style="list-style-type: none"> • Persistent Cough • Extreme shortness of breath • Retractions between ribs or at the neck • Trouble talking • Lips or fingernails are blue • Struggling to breathe 	<p><input type="checkbox"/> Seek Emergency Medical Care, Call 911 <input type="checkbox"/> Contact Parents <input type="checkbox"/> Administer EpiPen for severe asthma symptoms <input type="checkbox"/> EpiPen Jr. <input type="checkbox"/> Epi Pen</p>	<p>Directions for EpiPen: 1. Pull off blue safety cap. 2. Place orange tip on upper outer thigh at right angle to leg, through clothes. If thigh cannot be used, use the deltoid muscle on upper arm. 3. Press EpiPen hard into thigh until auto-injector mechanism functions. 4. Hold in place 10 seconds, then remove. Give EpiPen to EMS personnel or discard in sharps container.</p>

Licensed Health Care Provider Signature _____ Date _____
 (M.D., D.O., D.D.S., A.R.N.P., or P.A.)

PERMISSION TO CARRY SELF EMERGENCY MEDICATIONS

A request for student to self medicate must be completed and signed by a licensed medical provider and parent.

Student Name: _____ DOB: _____ School: _____

Grade: _____ Teacher: _____

Physician Diagnosis/Reason for Medication: _____

Medication/Dosage/Frequency (As Written By Licensed Medical Provider): _____

1. Student is capable of identifying individual medication.	Yes	No
2. Student is able to identify specific symptom and purpose of this medication.	Yes	No
3. Student is knowledgeable of medication and dosage and method of medication administration.	Yes	No
4. Student is able to state side effect/adverse reactions to this medication.	Yes	No
5. Student is knowledgeable of how to access assistance for self in an emergency.	Yes	No
6. Student is capable of self-administering the medication.	Yes	No

The lawful custodian will only send a single day's supply of medication to school, with the exception of inhalers. The medication shall be packaged in the original container, which identifies the name of the student to receive the medication and the name and dosage of medication.

As per school policy, all medications must be kept in school office and can only be taken in the presence of school staff. Students will not be allowed to keep any medications in their possession, prescription or otherwise, on campus.

I acknowledge that the school incurs no liability for any injury resulting from the self-administration of medication. All medication, prescription and over-the counter requires a medical provider's signature.

A student may not give medication to another student. Any abuse of a self-administration plan will result in the loss of privilege.

Signature of Parent: _____ Date: _____

Signature of Student: _____ Date: _____

Date: _____

TRANSPORTATION PERMISSION

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

Pictures of Ilm Academy students will be taken throughout the year for inclusion in school yearbook and other publications 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.

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 Student: _____

Parent Name: _____

Parent Signature: _____ Date: _____

REQUEST FOR TRANSFER OF RECORDS

Please enter your child's previous school information:

School Name: _____

Address: _____

Fax number: _____ E-mail (Optional): _____

Student Name: _____

Date of Birth: _____

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:

The Principal
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: _____

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

TECHNOLOGY USAGE POLICY

Ilm Academy aim to adhere to the highest ethical and moral standards in all areas of life. To that end, students are expected to follow Ilm Academy guidelines when using all forms of technology not only at school but also in their personal lives.

1. All technologies used in the classes are intended for education purposes. Students are expected to use good judgment and to be safe, appropriate, careful and kind; don't try to get around technological protection measures; use good common sense; and ask if they don't know.
2. Teachers will try their best to monitor technology usage, however technology usage at home will require that parents reinforce the expectations.
3. Students are expected to understand that their participation in school interactive web resources, using a personal device or not, must represent what is expected from a student at Ilm Academy. Therefore, anything that is considered inappropriate in the classroom is also inappropriate in all uses of email, blogs, podcasts, social networking sites, messaging/chat sites, or other digital communication tools. This includes, but is not limited to disrespectful, profane, racist, sexist or other discriminatory remarks. Additionally, students shall promptly inform a teacher or administrator if any messages received or material reviewed is inappropriate.
4. Students are expected to respect the rights of copyright owners by limiting copying to essential materials and providing attribution (citations) for images and text. Students shall avoid plagiarism by ensuring that their papers and projects, as well as cited paraphrases, summaries and quotations, reflect their thoughts and ideas. Students will ask teachers or media staff for assistance if they have questions regarding these terms.

Student Name _____

Grade _____

As parent or legal guardian of the student above, I have read and understand the Ilm Academy technology use policy.

_____ I grant permission for my child to access network computer services and internet resources. I understand that he/she is expected to use good judgment and follow rules and guidelines when using Ilm Academy's internet resources. I agree to comply with Ilm Academy's Acceptable Use Policy.

_____ I do not grant permission for my child to access internet resources while at school. I understand that my child will still have access to the Ilm Academy network and is expected to follow the rules and guidelines for the appropriate use of the network as stated in the Ilm Academy Acceptable Use Policy

Parent Signature

Date

I _____ student of Ilm Academy, grade _____ understand my responsibility to ensure that I will use good judgment and follow rules and guidelines when using Ilm Academy's internet resources. I agree to comply with the Ilm Academy Acceptable Use Policy.

Student Signature

Date

ATTENDANCE POLICY

Student success has a direct correlation with consistent and punctual attendance in class and school related events. Students with good attendance records achieve higher grades, enjoy school more, and are more successful in their pursuit of higher education. In addition, when parents emphasize the importance of attendance with their children, it fosters positivity towards learning in their child that leads to growth in all areas of their child's personality.

California law states that every student shall attend school punctually and regularly and conform to the regulations of the school.

Tardiness:

At Ilm Academy, the expectation is for the student to enter class on time. Coming to class 10 minutes later than the designated time is considered tardy. Tardiness is recorded. An accumulation of 5 tardy days will result in a one-day absence on the student's attendance record. Accumulation of 5 tardy days will result in notice being sent home.

After arrival at school, students are not allowed to leave campus without permission from the front office.

Absences:

Absences caused by personal illness, approved religious holidays, or emergencies will be excused. When a child is absent, the parent must notify the school by 9:00 am. In case of extended leave, for example due to an illness, parents must inform the school in writing.

In case of an extended period of absence, a written notice must be submitted to the office. The tuition for the period of absence must continue to be paid in accordance with the financial agreement. The student will be responsible to make up any work missed during his/her absence. Whenever possible, the student's teacher should be contacted in advance to get the work before the student leaves. Parents should give the teacher one-week prior notice so that a homework packet can be prepared.

If student is absent 18 days or more within a school year, the student's attendance is reviewed by the principal and homeroom teacher and the student may be subject to retention. This will occur whether the absences are excused or unexcused.

Early dismissal:

For student who needs to leave school early, his/her parent or guardian must send a note stating the time his/her child needs to be dismissed and the reason for the dismissal, so that make up work can be prepared. The person/guardian must pick up the student from the principal's office and sign him/her out.

Parent Signature: _____ Date: _____

Parent Name: _____

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 Has:

- 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):

Doctor's Signature and Date: _____

Note to Doctor: This is a required form by 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 _____ Last Name _____ First _____ Middle _____ Male _____ Female _____ Grade _____

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 _____ YES NO 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 _____
 Languages spoken at home: 1. _____ 2. _____ Grade _____ School _____

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 _____

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 _____