

[Under the Umbrella of ICF]



ILM ACADEMY

**Kindergarten - 8th
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 (\$250 KG-4th, \$275 5th to 8th) + 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 sign the Financial Agreement (Financial Agreement).
- Copy of Immunization Record and Birth Certificate (Kindergarten only).
- 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 2022-23 will be Wednesday, August 31, 2022.

Payment due with this form:

- Registration Fee: \$300
- Book Use Fee: \$250 (K-4th) or \$275 (5th to 8th)
- Volunteer Fee: \$200

Important Dates

January 12, 2022 - Re-Enrollment

January 21, 2022 - Deadline for Registration Fee Discount

January 24, 2022 - New Enrollment Begins

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 \$5500.00 for ten months.
(Paid Annually by May 31st is \$5225.00 (after 5% discount) paid through check)
- Tuition (Paid Monthly) is \$550.00/month paid through ACH.
- Tuition with sibling discount is \$522.00/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.

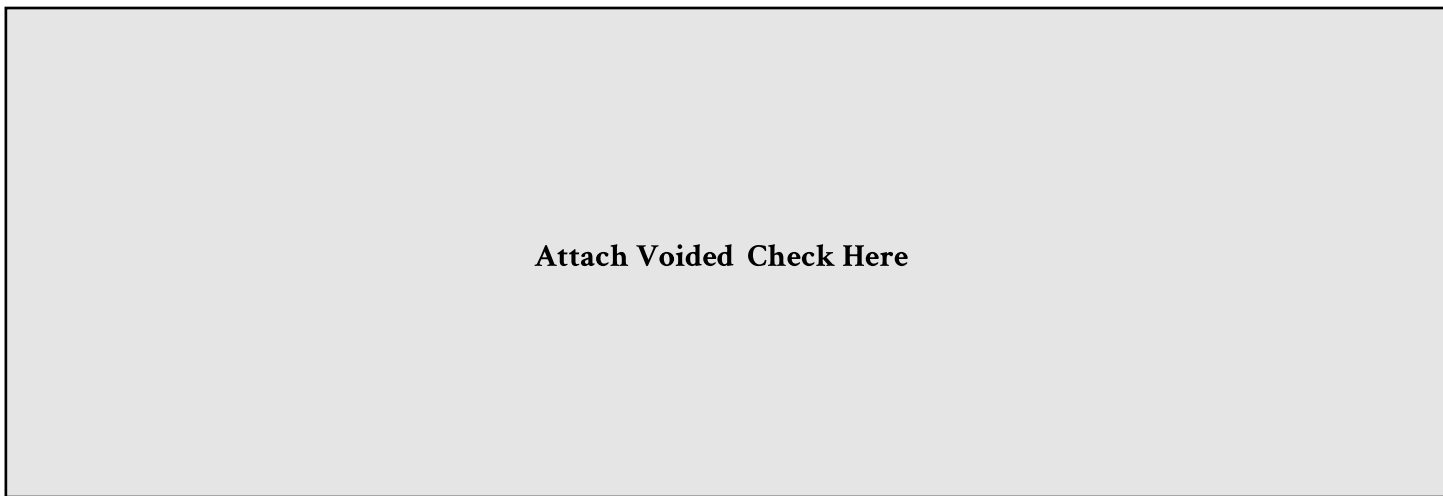
To stop the automatic deductions, a request must be submitted in writing at least one week before the next deduction is to be made.

- 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:	



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.

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 _____