

Parents' Information

Father's Name: _____ Occupation: _____

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

Email address: _____

Mother's Name: _____ Occupation: _____

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

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	3rd – 8th grade
Graduation Cap & Gown **	\$ 35	KG, 5th & 8th 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.



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 alhudaprincipall@gmail.com.

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

Sincerely,

Suhair Mudallal

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: _____

AL HUDA ISLAMIC SCHOOL

HOME LANGUAGE SURVEY

The California *Education Code* contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

Name of student: _____
Last First
Age: _____ Grade: _____

1. Which language did your child learn when he/she first began to talk? _____
2. Which language does your child most frequently use at home? _____
3. Which language do you use most frequently to speak to your child? _____
4. Which language most often spoken by the adults at home? _____

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

Was your child born outside the United State? _____ YES _____ NO

a. In what country was your child born? _____

b. What grade was your child first enrolled in the U.S. school system? _____
Grade Month & year

Signature of Parent or Guardian

Date

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 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DIAP/DTP/DTTd (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
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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
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