Vision: Building Generations of Balanced and Academically-Excellent Muslim American Citizens

PEACE ACADEMY (Non-Profit)
Fully Accredited Private School
ENROLLMENT FORM FOR 2022-2023 (Returning Students)

IMPORTANT DATES (Please complete all information)

Placement Test Fee	:	**$40 per family**
Standardized Test Fee	:	**$25 per child (KG to 11th grades)**
Drug Testing Fee	:	**$50 per child (6th to 12th grades)**
Registration Fee	:	**$460 per child (Non-Refundable)**
Early Registration Fee (deadline: June 3rd, 2022)	:	**$360 per child (Non-Refundable)**

Enrollment Checklist:
☐Application Checked ☐Birth Certificate ☐Immunization Record ☐Previous School Record ☐Vision & Hearing assessment conducted within the past 12 months

*Black or African or American, *Middle Eastern, *White. *Native American. *Asian

Student(s)' Information (PLEASE WRITE CLEARLY)

Full Name (First, Middle Initial, Last)	Social Security #	Date of Birth	Cell Phone # (If Applicable)	Grade (to enter)	Sex M/ F	Race AA, ME, W, NA, A	Hispanic Latino Y/N

Family Contact Information (PLEASE WRITE CLEARLY)

	Full Name	Home Address	Phone Number	Email
First Parent/Guardian				
Second Parent/Guardian				

Family Information (PLEASE WRITE CLEARLY)

*The following information is being collected to facilitate career, speaking, and mentoring opportunities for students.

	Employer	Occupation	Please contact me as a resource for career planning	Education (highest degree earned)
First Parent/Guardian				
Second Parent/Guardian				

Emergency Information (PLEASE WRITE CLEARLY)

List emergency contacts OTHER THAN parents/guardian who we can contact in case of an emergency and with whom your child may leave school.

Name	Relationship to the student	Phone Number	May Leave school with
			Yes ☐ No ☐
			Yes ☐ No ☐

Medical Information: List for each child below

Food/Substance Allergies _____

Hospital Preference: _____

Child(ren)'s Doctor: _____ Phone: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency medical care in the event that neither I, my spouse, alternate contact(s), nor my child's doctor can be located immediately. I give consent for Peace Academy to secure any and all necessary medical care for my child. I absolve Peace Academy from liability to my child because of injury in the school, field trip or other school activity away from school. I further understand that Peace Academy will not be responsible for any charges / expenses incurred as a result of emergency/urgent / first aid medical attention provided to my child. I bear full responsibility for expenses of this nature.

X_____ Signature of Parent / Guardian

CONSENTS	
Medicines	I hereby ☐**give** ☐**do not give** Peace Academy my consent to administer pain reliever, cough medicine (cough drops, Dayquil, Tums, Pepto-Bismol) when my child(ren) experience headache, stomachache or flu-like symptoms.
Walking Home	I hereby ☐**give** ☐**do not give** my consent for my child(ren) to be allowed to walk home or to be released to the care of the named sibling _____ who is under the age of 18 years.
Water Activities	I hereby ☐**give** ☐**do not give** my consent for my child(ren) to participate in water activities: ☐sprinklers ☐splashing pools ☐swimming pools ☐other bodies of water
Field Trips	I hereby ☐**give** ☐**do not give** my consent for my child(ren) to be transported and supervised by the school staff on all field trips off school campus.
PTO	I would like to be part of PTO and its email list. ☐ **Yes** ☐ **No**
Comments:	

Acknowledgements

I acknowledge that I have read and understood Peace Academy Parent/Student Handbook and Student Code of Conduct (available for view at www.patulsa.org). All rules and regulations included in this handbook and student code of conduct are subject to the interpretation of the Administration. I also reviewed all school rules with our child (ren). I agree to abide by the provisions/rules included in the Parent Handbook and Student Code of Conduct. I agree to comply with school policies and procedures as may be amended from time to time.

Peace Academy may conduct video, still photography, display of student work and live performances throughout the academic year. I agree that unless I submit a written statement to the contrary, Peace Academy has my consent and support to include my child(ren) in such promotional activity.

Tuition and Other Dues: Tuition is based on a "full school year contract" and is due in full when a student is first enrolled. However, we provide the convenience of 10 monthly payments. Parents are responsible for the entire tuition per child. Also, when a child is enrolled at Peace Academy, it is considered a full school year commitment. Registration and tuition costs do NOT include cost of breakfast, lunch, special activities, supplies, fieldtrips, uniforms, etc.

I agree and commit to make prompt payments as stipulated in the "Fees Schedule" with applicable penalties for late payments. Monthly payments are due on the 1st day of each month; **a late fee of $40 will be assessed after the 5th day of the month for non-payment.** There will be a minimum $40 charge for any check returned (insufficient funds, account closed, etc). I further understand that my child(ren) may not be allowed to attend class due to delinquent payments at the discretion of the school administration. **All new students are on probation for first four months.**

X_____ Signature of Parent / Guardian

Families <u>with</u> a Preschooler 2022-2023 (Plus $400 for each additional Preschooler)		
# of children	**Annual Tuition**	**Actual Cost Incurred by School**
Preschool	$6,450	$7,000
Preschool + 1 Child	$11,000	$14,000
Preschool + 2 Children	$15,550	$21,000
Preschool + 3 Children	$18,270	$28,000
Preschool + 4 Children	$20,990	$35,000

Families <u>without</u> a Preschooler 2022-2023		
# of children	**Annual Tuition**	**Actual Cost Incurred by School**
1 Child	$6,050	$7,000
2 Children	$10,600	$14,000
3 Children	$15,150	$21,000
4 Children	$17,870	$28,000
5 Children	$20,590	$35,000

To the best of my ability, I/we have provided accurate and truthful information on this application for admission. I understand that incorrect and incomplete information and late or non-payment of fees and /or tuition may result in delays and possible declination of admission. For your application to be accepted, all past due balances must be paid in full and all Registration Fees must be submitted with the application. The Registration Processing Fee is non-refundable. I agree and commit to making timely prompt payments as stipulated in the fee schedule.

Parent/Guardian's Signature: _____ Date: _____

"And fulfill (every) promised, for (every) promise will be inquired into (On the Day of Reckoning)" Surah Al-Israa verse 34