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



PEACE ACADEMY (Non-Profit) Fully Accredited Private School

ENROLLMENT FORM FOR 2023-2024 (Returning Students)

IMPORTANT DATES (Please complete all information)							Enrollment Checklist:					
Placement Test Fee		: \$40 per family				☐ Application Checked ☐ Birth Certificate ☐ Immunization Record ☐ Previous School						
Standardized Test Fee		: \$25 per child (KG to 11 th grad				Record Wision & Hearing assessment						
Drug Testing Fe	ee	: \$50 per child (6 th to 12 th grades)				conducted within the past 12 months						
Registration Fee	9			per child (Non-Re		*Black or African or American, *Middle Eastern,						
Early Registration	on Fee (deadline: June	e 2 nd , 2023) : \$360 per child (Non-Refu			fundable)	*White. *Native American. *Asian						
Student(s)' Information (PLEASE WRITE CLEARLY)												
Full	Name	Costal Co		Date of Birth	Student Phone #		Grade	Sex	Race AA, ME,	Hispanic		
(First, Midd	lle Initial, Last)	Social Security #		Date of Birtii	(If Applicable)		(to enter)	M/F	W, NA, A	Latino Y/N		
		Family	Contact I	nformation (PLE	EASE WRITE (CLEARLY))					
	Full Name		Home	Address	Phon	e Number	r		Email			
First												
Parent/Guardian												
Second Parent/Guardian												
1 al ent/Gual ulan												
		Fai	mily Infor	mation (PLEASE	WRITE CLEA	RLY)						
Family Information (PLEASE WRITE CLEARLY) *The following information is being collected to facilitate career, speaking, and mentoring opportunities for students.												
	Employe	r	Oc	ccupation	Please c resource fo	ontact me r career r		(hiơh	Education est degree e			
First	Zimproye			ecupation .	resource to	r cureer p		(mgn	est degree e	urneu)		
Parent/Guardian												
Second Parent/Guardian												
		E	T £	·)						
List emergen	cy contacts OTHER T			ormation (PLEAS			with whom v	our child	l may leave so	rhool.		
2330 03101 9011	Name	par cross		p to the student		one Num	•	7.5	y Leave sch			
								Yes [\square No \square			
								Yes	□ No □			
		Medi	cal Inforn	nation: List for	each child	below						
Food/Substance Al	llergies											
Hospital Preference:												
Child(ren)'s Doctor: Phone:												
Child(ren)'s Docto				Pho	one:							
	or:											
I agree that the openor my child's do	or:erator may authorize the	physician of lediately. I gi	his/her choice	to provide emergency r Peace Academy to s	medical care i	n the event	that neither I	, my spor	use, alternate y child. I abso	contact(s),		
I agree that the openor my child's doo Academy from lial	or:erator may authorize the	physician of lediately. I give of injury in	his/her choice ive consent fo the school, fie	to provide emergency r Peace Academy to s ld trip or other school	medical care i ecure any and activity away f	n the event all necessar	that neither I ry medical ca . I further und	, my spore for my	use, alternate y child. I abso hat Peace Aca	contact(s), olve Peace ademy will		
I agree that the openor my child's doo Academy from lial	erator may authorize the ctor can be located imm bility to my child becaus for any charges / expens	physician of lediately. I give of injury in	his/her choice ive consent fo the school, fie	to provide emergency r Peace Academy to s ld trip or other school	medical care i ecure any and activity away f	n the event all necessar	that neither I ry medical ca . I further und	, my spore for my	use, alternate y child. I abso hat Peace Aca	contact(s), olve Peace ademy will		
I agree that the op- nor my child's do Academy from lial not be responsible	erator may authorize the ctor can be located immbility to my child becaus for any charges / expenditure.	physician of lediately. I gi le of injury in ses incurred as	his/her choice ive consent fo the school, fie s a result of er	to provide emergency r Peace Academy to s ld trip or other school	medical care i ecure any and activity away f aid medical att	n the event all necessarom school ention prov	that neither I ry medical ca . I further und rided to my cl	, my spo re for my erstand t nild. I be	use, alternate y child. I abso hat Peace Aca	contact(s), olve Peace ademy will		

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

CONSENTS

,		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										
1	. •	flu-like symptoms.										
	Walking I hereby give do not give my consent for my child(ren) to be allowed to walk home or to be released											
	Home to the ca	re of the named si	bling	who	o is under the	age of 18 years.						
4		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										
F	iold I ring	I hereby give do not give my consent for my child(ren) to be transported and supervised by the										
	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 with a Preschooler 2023-2024 Plus \$400 for each additional Preschooler)			Families without a Preschooler 2023-2024							
	# of children	Annual Tuition	Actual Cost Incurred by School	# of children	Annual Tuition	Actual Cost Incurred by School						
	Preschool	\$6,700	\$10,500	1 Child	\$6,300	\$10,500						
	Preschool + 1 Child	\$11,740	\$21,000	2 Children	\$11,340	\$21,000						
	Preschool + 2 Childr	en \$16,780	\$31,500	3 Children	\$16,380	\$31,500						
	Preschool + 3 Childr		\$42,000	4 Children	\$19,845	\$42,000						
	Preschool + 4 Childr		\$52,500	5 Children	\$23,310	\$52,500						