



# ISLAMIC ACADEMY OF NEW ENGLAND

الأكاديمية الإسلامية في نيو إنجلاند

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## ENROLLMENT APPLICATION

### KG 1 - 5<sup>th</sup> Grade

(Please print or type - One form per student)

1. Student Information					
First Name	Last Name	Birth Date	Male/Female	SSN	Grade*
			M <input type="checkbox"/> F <input type="checkbox"/>		
* Which grade the student is applying for? Applications for K1 or K2 classes must be accompanied by a copy of the birth certificate. The child must be 4 and 5 year old by December 1 for K1 and K2, respectively. Application for a child whose birthday is between Dec 2 and Dec 31 will be considered on a case by case basis, depending on availability of space. Students transferring from other school districts must bring: 1) academic records, 2) health record and 3) discipline records.					

2. Education (returning students may skip this section)			
Last School Attended:	Grade Completed:	City:	State:
Did student attend an Islamic school before? If yes, when and where?			
Has student ever had disciplinary problems, been suspended or expelled from school? If yes, explain:			
Has student ever repeated a grade or had serious academic problems in school/ If yes, explain:			
What are your goals/reasons for enrolling your child(ren) at the IANE?			

3. Medical Information: Does your child have any medical problem affecting his/her school day?						
Epilepsy <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Allergies <input type="checkbox"/>	Asthma <input type="checkbox"/>	Hearing <input type="checkbox"/>	Speech <input type="checkbox"/>	Vision <input type="checkbox"/>
Heart Disease <input type="checkbox"/>	Other <input type="checkbox"/> Please explain:					
Please provide any other information about the student that might be helpful						

4. Parents/Guardians Signatures		
I hereby affirm that, to the best of my knowledge, all statements made herein are true and complete. I understand that this document is an application for enrollment, it is not a contract. I further understand that admission into the IANE is contingent upon the completeness and accuracy of this application and its supporting records including the transcripts and other documents that the IANE might require. I affirm that I will abide by all school policies including payment policies.		
_____	_____	____/____/____
(Parent's/Guardian's Name)	(Parent's/Guardian's Signature)	Date

For Office Use Only:		
Date Received: ____/____/____	Fee received: \$ _____	Deposit (toward tuition): \$ _____
Reviewed by: _____	Remarks: _____	

The Academy does not discriminate on the basis of race, color, national or ethnic origin, or sectarian affiliation in the administration of its educational policies, scholarship programs, and other school programs.