



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



Islamic Academy of New England

August 29, 2008

Newsletter

26 Shaaban 1429

“O you who believe, fasting is decreed for you, as it was decreed for those before you, that you may attain salvation. “

- Holy Quran, Sura Al Baqarah, Ayah 183 -

Welcome Address & Ramadan Mubarak !

Assalam mualaikum wb
Dear Parents and Guardians,

InshaAllah you and your families had a wonderful and safe summer. It gives me great pleasure to welcome you back to the Islamic Academy of New England and I thank Allah swt for giving us this opportunity to reunite as one family again.

We appreciate your unstinting support and we're committed to bringing IANE, its students and staff, to a higher level of success and an even brighter tomorrow.

On behalf of everyone at IANE, I wish you and your family "Ramadan Kareem". May Allah continue to shower his blessings on us all and accept our good deeds in this glorious month of Ramadan - a month for self-reflection, purification and salvation.

Please remember us in your dua'a, always.
Jazakum Allahu Khairan.

Wassalam,
Sr Nur'Izzah Khalil
Acting Principal



Important Reminders:

(I) Emergency Contact Form

As we end our first week of school, we would like to remind all parents to complete the attached required Emergency Contact Form to ensure that all critical and pertinent information with regard to our students are kept current and correct.

Please note that this form must be completed for each and every child registered. It is of utmost importance that all parents **submit this form by next Wednesday, September 3rd, for each child** to enable us to maintain accurate and best possible care should an emergency arise. Thank you for your kind attention and cooperation.

(II) Morning Drop-off

Some children have been repeatedly dropped-off this week and left unsupervised on their own before the school bell rings at 7.50am each morning. **Kindly note that all children remain under the care and responsibility of parents and guardians before and after school hours.**

Children should not be dropped-off before 7.50am without parental supervision to ensure complete safety.

(III) Speed Limit

Please bear in mind that the speed limit on Chase Drive is 30mph. For the safety of all, please drive carefully and reduce your speed as you approach and depart from the school zone. Kindly be advised that the local police monitors the traffic in the area very closely.

Mark Your Calendar

Date	Event
Mon, 9/1/08	Ramadan starts
Tue, 9/2	Tuesday is Gym Day for K1 to Gr 2
Thurs, 9/4	Thursday is Gym Day for Gr 3 to 5
Sat, 9/20/07	IANE-ANA Iftar FundRaiser





Islamic Academy of New England

84, 86 Chase Drive, Sharon, MA 02067
Phone: 781-784-0400 Fax: 781 784-3614
Website: <http://www.iane.org> Email: iane@iane.org

Emergency Contact Information

Student's Name: _____ Boy Girl
(Last) (First) (Middle)
Grade: _____ Teacher: _____ School Yr: 2008 - 09

Birth Date: _____ Child Lives With: _____
(Relationship: mother and father, mother, father, mother and stepfather, etc.)

Home Phone #: (____) _____ Address: _____

City: _____ State: _____ Zip: _____

Father's Name: _____ Mother's Name: _____

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

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

Email: _____ Email: _____

Person to contact first: Mother Father

Family Physician or Pediatrician: _____

Address: _____ Phone #: (____) _____

Does your child have any physical disability/health concerns? _____

Does your child wear glasses or contact lenses? _____

Is activity restricted in any way? _____

Medications child is receiving and reason for medication: _____

Any allergies? _____

In case of an accident or sudden illness to your child while at school, **AND WE ARE UNABLE TO CONTACT YOU**, who do you wish us to notify? (Local, please)

(Name) (Address) (Phone) (Relationship)

(Name) (Address) (Phone) (Relationship)

If, in the judgment of school authorities, a physician is needed and I or my family physician cannot be reached, I authorize IANE to contact the school physician or 911 to secure immediate emergency treatment.

Information on this form may be shared with appropriate personnel for health and educational purposes.

Parent/Guardian Signature

Date