



August 28, 2009

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Islamic Academy of New England

Newsletter



7 Ramadan 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 Respected Parents and Guardians,

Alhamdulillah rabbi alamin for all the blessings Allah swt has bestowed upon us, his humble creatures.

I would like to welcome all of our returning families and extend a warm greeting to those who are new to the Islamic Academy of New England. InshaAllah you had a wonderful and safe summer with all your loved ones.

I thank Allah swt for giving us this opportunity to witness another Ramadan and to reunite us as one family again. Thank you for entrusting us with the education of your child(ren) and we look forward to working together with you as a team towards a brand new year of learning and discovery.

Together, we can provide the best support to our students and enable them to attain the highest level of achievement, inshaAllah.

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 (new and returning parents) to complete the attached required Emergency Contact Form, if you haven't done so already. It is of utmost importance that all parents **submit this form by next Monday, August 31st, 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) 2009-10 Parent-Student Handbook

Please drop-by the office next week to pick-up your personal copy of IANE's new 2009-10 Parent-Student handbook. Kindly study the contents in detail and return us the acknowledgment form on the last page as proof of receipt soonest possible.

(III) Morning Drop-off

Some children have been dropped-off this week and left unsupervised on their own before the school bell rings at 7.50am. **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 their complete safety.

(IV) 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
Wed, 9/2	Gym Day officially begins at IANE
Sat, 9/12	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: 2009-10

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