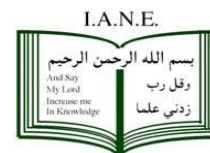




ISLAMIC ACADEMY OF NEW ENGLAND

الأكاديمية الإسلامية في نيو إنجلاند

86 Chase Drive, Sharon, MA 02067 - Tel: 781-784-0400
Fax: 781-784-3614 -Email: IANE@IANE.org - Web: IANE.org



ENROLLMENT APPLICATION KG1-5th 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"/>		

* State the grade student is applying for. Applications for PreSchool/Kindergarten classes must be accompanied by a copy of the birth certificate. The child must be 3, 4 or 5 years old **on or before October 31st** for PreSchool K1/K2 and Kindergarten, respectively. Students transferring from other school districts must bring: (1) academic records (2) health records and (3) discipline records.

2. Education			
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: ____/____/____	First Payment received: \$ _____	SMART Tuition ID: _____
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.		