

# IQRA ELEMENTARY SCHOOL

6666 Commerce St.  
Springfield, VA 22150  
Tel: 703-922-5001 Fax: 703-922-0057

## Application for Admission for 1<sup>st</sup> Grade thru 5<sup>th</sup> Grade

Application for GRADE: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_

### Personal Information:

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Home Address \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP+

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Place of Birth \_\_\_\_\_ Primary language spoken \_\_\_\_\_ Other Lang. Spoken \_\_\_\_\_

Proficiency in English (if not first language spoken at home) \_\_\_\_\_ Excellent \_\_\_\_\_ Average \_\_\_\_\_ Weak

### Education:

Present School \_\_\_\_\_ Dates attended: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Does your child have any special education needs?  Yes  No

IQRA cannot attend to the needs of Special Education students at this time.

Has the applicant ever attended Iqra School?  Yes  No (Date \_\_\_\_\_ )

Has your child ever been suspended or expelled from another school?  Yes  No

If yes, please briefly explain the events that lead to the suspension / expulsion \_\_\_\_\_

\_\_\_\_\_

# IQRA ELEMENTARY SCHOOL

6666 Commerce St.  
Springfield, VA 22150  
Tel: 703-922-5001 Fax: 703-922-0057

## Medical Information:

Has your child ever had psychological testing? Yes No

Has your child been screened for academic difficulties or learning disabilities? Yes No

Does your child suffer from any other medical condition (allergies, asthma, diseases) Yes No

If yes, please explain \_\_\_\_\_

Does your child take any prescription medications on a regular basis \_\_\_\_\_

Child's physician Medical insurance company name \_\_\_\_\_

## Family Information:

Father's name \_\_\_\_\_

LAST

FIRST

MIDDLE

Father's \_\_\_\_\_ Home Address

STREET ADDRESS

CITY STATE

ZIP

Home phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
(if different from applicant's)

E-mail \_\_\_\_\_

Father's occupation: \_\_\_\_\_

Mother's name \_\_\_\_\_

LAST

FIRST

MIDDLE

Mother's \_\_\_\_\_

Home Address

STREET ADDRESS

CITY

STATE

ZIP

Home phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
(if different from applicant's)

E-mail \_\_\_\_\_

Mother's occupation: \_\_\_\_\_

## Emergency Contact:

Other than Parents or Guardian (authorized person to pick up your child)

Name \_\_\_\_\_ Cell No. \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Cell No. \_\_\_\_\_ Relationship \_\_\_\_\_

In case of emergency or accidents on school property, we will provide first aid to help the student. If the need arises, we will call 911 to handle critical care incidents necessary for the well being of your child.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

# Payment Contract

School Year \_\_\_\_\_

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

This is the school fee payment contract for \_\_\_\_\_,

and is by and between \_\_\_\_\_ (Parent / Guardian) and Iqra School.

I, the Parent/Guardian hereby undertake the responsibility to pay the following applicable fees for above named child.

- \$100 Non-refundable Application Fee
- \$350 Activity and Book Fee [*Due on the first day of school, non-refundable*]
- \$300 Monthly Transportation Fee [\$3,000 per year if applicable]
- \$475 1<sup>st</sup> to 5<sup>th</sup> Grade Tuition fee
- Siblings discount: 2nd child: 10% off 3rd child or more: 15% off

The Tuition Fee and/or Transportation Fee (if applicable) can be paid by one of the following options only. Please choose one.

- Pay in full in the beginning of the school year.
- Pay by equal monthly payments only if all the checks (10 post-dated checks) are given in advance in the beginning of the school year. Each check will be deposited on or after 1st of every month. A \$25 fee will be charged for any returned check.
- Credit Card/ACH payment needs to pay extra 10% with other fees/transactions.

**I agree to the terms and conditions set out in this contract. Failure to abide by the rules and failure to pay the tuition on time can result in necessary legal action and possible expulsion of the child from the school.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## School Rules and Regulations

I hereby agree to assist my child in following and obeying all of the prescribed rules and regulations of Iqra school. If he/she **VIOLATES** any of these rules and regulations, I understand that she will be subjected to punitive measures specified in the Student's Handbook or risk possible **EXPULSION** from Iqra Elementary School.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Parent's Check-list:**

In order for us to review your application submit the following:

- **Completed application form and payment contract**
- **Application fee - \$100**
- **For the use of Books and Activity fee- \$350**
- **10 post-dated checks in the amount of \$475 per month**
- **Birth Certificate**
- **Immunization record**
- **Report card from previous school**

**Please note: Your child cannot start school until all the above paperwork is completed.**

**Feel free to call the office at 703-922-5001 for any further questions or concerns.**

<b>FOR OFFICE USE ONLY</b>	
<b>APPLICATION FEE</b>	<b>\$100</b>
<b>ACTIVITY FEE</b>	<b>\$350</b>
<b>POST DATED CHECKS</b>	<b>10</b>
<b>SIGNATURE ON PAYMENT CONTRACT</b>	
<b>BIRTH CERTIFICATE</b>	
<b>IMMUNIZATION RECORD</b>	
<b>REPORT CARD FROM PREVIOUS SCHOOL</b>	
<b>TOTAL AMOUNT PAID AT THE TIME OF ADMISSION</b>	_____
<b>DATE OF ADMISSION</b>	_____
<b>SIGNATURE OF PERSON RECEIVING PAYMENT</b>	_____