

IQRA ELEMENTARY SCHOOL

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

Application for Admission for KG

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 _____

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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]
- \$550 Monthly KG 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.

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 \$550 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.

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