



# Rockford Iqra School

5925 Darlene Drive, IL 61109

REGISTRATION FORMS MUST INCLUDE ALL THE REQUIRED DOCUMENTS AND  
REGISTRATION FEE.

INCOMPLETE FORMS WILL NOT BE ACCEPTED.

## Parents Checklist

### **New Student**

- ☐ Complete Registration Form ☐ Registration Fee
- ☐ School Records: \_\_\_\_ Report Cards \_\_\_\_ Standardized Test Score
- ☐ Original Birth Certificate
- ☐ Immunization Record ( IL State format )
- ☐ Physical Exam (Grade K,6,9) ( IL State format )
- ☐ Dental Records (Grade K,2,6) ( IL State format )
- ☐ Eye Exam (K) ( IL State format )
- ☐ Iqra School Assessment test

**Decision about offering High School classes is subjected to adequate enrollment numbers and will be communicated to the families**

### **Returning student**

- ☐ Complete Registration Form ☐ Registration Fee
- ☐ Updated/ Current immunization record ( IL State format )
- ☐ Physical form (Grade K,6,9) ( IL State format )
- ☐ Eye Exam (K) ( IL State format )
- ☐ Dental Records (Grade K,2,6) ( IL State format )
- ☐ Payment plan, if outstanding balance from previous years ( if any )
- ☐ Good standing tuition account



## 2020-2021 Rockford Iqra School Registration

☐ New Student

☐ Returning Student

- ☐ Registration Fee
- ☐ Original Birth Certificate
- ☐ Immunization Record
- ☐ Physical Exam (Grade K,6,9)
- ☐ Eye Exam (K)
- ☐ Dental Exam (Grade K,2,6)

- ☐ Registration Fee
- ☐ Updated Immunization Record
- ☐ Physical Exam (Grade K,6,9)
- ☐ Eye Exam (K)
- ☐ Dental Exam (Grade K,2,6)

**Incomplete registration forms will not be accepted.**

### Student Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender M ☐ F ☐  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Last School Attended \_\_\_\_\_  
Last Grade Completed Successfully \_\_\_\_\_  
Is English your child's first language? Yes ☐ No ☐  
Is there any other language(s) spoken at home? Yes ☐ No ☐  
If yes, please indicate which language(s) : \_\_\_\_\_  
Student lives with ☐ Mother ☐ Father ☐ Both Parents ☐ Other \_\_\_\_\_  
Has your child ever been suspended or expelled from any school? Yes ☐ No ☐  
If yes, please provide date/reason: \_\_\_\_\_

### Parent/ Guardian Information:

Father/Legal Guardian's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Father's Cell # \_\_\_\_\_ Father's Work # \_\_\_\_\_  
Father's Email: \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Mother/Legal Guardian's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Mother's Cell # \_\_\_\_\_ Mother's Work # \_\_\_\_\_  
Mother's Email: \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_



## 2020-2021 Rockford Iqra School Registration

### Emergency Contact Information *(Please provide information of 2 people not living in the same household)*

1. Name : \_\_\_\_\_  
Cell number: \_\_\_\_\_  
Relation to Child: \_\_\_\_\_

2. Name : \_\_\_\_\_  
Cell number: \_\_\_\_\_  
Relation to Child: \_\_\_\_\_

3. Name : \_\_\_\_\_  
Cell number: \_\_\_\_\_  
Relation to Child: \_\_\_\_\_

4. Name : \_\_\_\_\_  
Cell number: \_\_\_\_\_  
Relation to Child: \_\_\_\_\_

### Person(s) Authorized to Pick Up/Drop Off Student:

1. Name : \_\_\_\_\_  
Cell number: \_\_\_\_\_  
Relation to Child: \_\_\_\_\_

2. Name : \_\_\_\_\_  
Cell number: \_\_\_\_\_  
Relation to Child: \_\_\_\_\_

3. Name : \_\_\_\_\_  
Cell number: \_\_\_\_\_  
Relation to Child: \_\_\_\_\_

4. Name : \_\_\_\_\_  
Cell number: \_\_\_\_\_  
Relation to Child: \_\_\_\_\_

### Tuition Payment: (Select one )

☐ 1 Lump Sum Payment\* – during the first month of school

☐ 2 Payments\* – First payment during the first month of school / second payment due the following month

☐ 10 monthly payments – tuition divided equally from August to May via Smart Tuition \*\*

**Applying for financial discount** ☐ Yes ☐ No

**If applying for the financial discount, kindly attach the last two years of IRS (Tax return Transcript) with the form and apply with 10 business days to qualify otherwise the application will not be considered.**

*\*Eligible for a discount of \$200 per child.*

*\*\*Enrolment information for smart tuition to be provided by the iqra office.*

### Volunteer\*:

Volunteering your time can make a big difference. You can bring a lot to your school in the form of your energy, time, ideas, sharing your talents or donations. How would you like to help us this year?

- |  |                                     |   |   |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> PTO               | <input type="checkbox"/> Substitute | <input type="checkbox"/> Homework Help  | <input type="checkbox"/> Fundraiser         |
| <input type="checkbox"/> After School Club | <input type="checkbox"/> Quran      | <input type="checkbox"/> Sports         | <input type="checkbox"/> Classroom Helper   |
| <input type="checkbox"/> Lunchroom duty    | <input type="checkbox"/> Arabic     | <input type="checkbox"/> Special events | <input type="checkbox"/> Recess supervision |
| <input type="checkbox"/> Other _____       |                                     |   |   |

*\*All volunteers will need to fill a background check form*



## 2020-2021 Rockford Iqra School Registration

### Health/Medical Information:

Physician/Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Insurance Provider \_\_\_\_\_

Has your child ever been hospitalized? Yes ☐ No ☐

If yes, when? \_\_\_\_\_

Do any of the following apply to your child: Allergies? Yes ☐ No ☐

If yes, please indicate what kind: \_\_\_\_\_

Taking Medication? Yes ☐ No ☐

If yes, please indicate what for: \_\_\_\_\_

Would your child need to take any medication during school hours? Yes ☐ No ☐

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

Do any of the following apply to your child:

Receive physical therapy? Yes ☐ No ☐

Receive Speech therapy? Yes ☐ No ☐

Receive emotional/social counseling? Yes ☐ No ☐

Chronic Medical/Psychiatric Problems: Yes ☐ No ☐

Wears glasses/contact lenses? Yes ☐ No ☐

Received Special Education/IEP any time in the past? Yes ☐ No ☐

If so, when: \_\_\_\_\_

While every effort is made to contact a parent when a child is feeling unwell, sometimes the need arises for over the counter medications.

Which of the following do you authorize us to give your child if they are feeling unwell?

☐ None (Call me each time)

☐ Ibuprofen (Advil/Motrin)

☐ Acetaminophen (Tylenol)

☐ Diphenhydramine (Benadryl)

### Publicity and Photo Release Authorization:

☐ I give permission for my child to be photographed/filmed/interviewed for educational purposes for use by the school. ( Newsletter, Facebook page, etc....)

☐ I do not give my permission for my child to be photographed/filmed/interviewed for any reason.



## 2020-2021 Rockford Iqra School Registration

### Authorizations and Parent Signature:

- I authorize the request of this student's records from the previous school, if applicable.
- I authorize Iqra School to take whatever steps needed to protect the health of the student in case of an emergency requiring immediate medical attention (including concussions), and the parent or legal guardian cannot be contacted. Additionally, I will not hold the school, employees, or volunteers liable.
- I understand it is my duty to keep the school informed of any changes, and failure to provide supporting documentation may delay the processing of this application.
- I understand that Pre-K/KG admission is probationary until teachers can assess that the student meets class requirements.
  - I authorize my child to receive a developmental screening if the school's staff deems it necessary. I also authorize my locality's screening agency to release a complete copy of the screening report to the school if requested.
- I understand my child(ren) transcripts/report cards will not be released if all payments due aren't paid or school properties including rental books are not returned before during the last week of school or before my child(ren) are transferred out.
  - I understand my child(ren) may not be permitted to attend class if tuition or other fees are not paid on time.
- I will provide the necessary documentation needed for finalizing my child's registration. This can include health records, birth certificates, dental and vision forms (the school will notify you about missing/required items).
- I understand my child may be excluded from school if health records/birth certificates are not submitted by Sept 30.
- Self-administration and self-carry of any medication will only be allowed upon receipt of a signed parent permission notification and a copy of the prescription, both of which are maintained in the school files. When parents allow children to self-administer, school is waived from liabilities that may occur.
- I certify that all of the information I have provided on this application and/or documents submitted is true and accurate. I understand that falsification of any information or submission of misleading information will be the cause for revoking this application, and I am held legally responsible for all information supplied within this application. Please note that submitting a registration form does not guarantee admittance.

Parent's Signature :

Date :



## 2020-2021 Rockford Iqra School Registration

FEE INFORMATION			
Entrance Exam Fee	New Student	\$50	Due at testing
EARLY REGISTRATION FEE ( non refundable )			
Early Registration Fee	Returning Student	\$300 (\$350 non MAGR member)	Until April 30th, 2020
	KG, 5th & 8th Grade (Including graduation fee)	\$330 (\$380 non MAGR member)	
	New Student	\$350 (\$400 non MAGR member)	
REGISTRATION FEE ( non refundable )			
Registration Fee	All students	\$400 (\$450 non MAGR member)	May 1st, 2020 onwards
	KG, 5th & 8th Grade (Including graduation fee)	\$430 (\$480 non MAGR member)	
TUITION FEE			
Tuition Fee	Pre-K3 (half-time only)	\$4,300	Payment Options (Below)
	Pre-K3 and Pre-K4 (fulltime)	\$5,300	
	KG - 5th Grade	\$6,100	
	6th Grade - 8th Grade	\$6,600	
	9th Grade-10th Grade****	\$7,100****	
PAYMENT OPTIONS (Applicable to Tuition Fee Only)			DUE DATE
1 Lump Sum Payment-Eligible for \$200 discount per child			First month of school
2 Payments-Eligible for \$200 discount per child			Payment#1 : 1st month of school
			Payment#2 : 2nd month of school
10 equal monthly payments Via Smart Tuition - ( \$50 one time setup fee will apply)			5th of every month
No other mode of payment is acceptable unless approved by RISE Treasurer			
Tuition Discount* (If Applicable)			
**Complete the financial assistance portion in the registration form and attach last two years of IRS Transcripts to qualify			
Income (gross)		Discount	
<50K		40%	
<50-99K***		30%	
<100-150K***		20%	
* Any financial assistance application will be processed after paying the registration fee in full. Discounts cannot be combined.			
** The deadline for submitting mandatory paperwork to qualify for financial assistance (IRS tax returns transcript for the last two years) is within 10 business days of registration.			
***Discount is applicable if more than one child is enrolled in the school.			
**** 9th/10th only available based on sufficient enrollment.			



## 2020-2021 Rockford Iqra School Registration

### For Office Use Only

Prepared by: \_\_\_\_\_

**Registration Fee :** ☐ Check ☐ Cash Amount received \$ \_\_\_\_\_

**Returning student :** ☐ Updated/ Current immunization record  
☐ Physical form (if applicable)  
Outstanding balance from previous years ☐ Yes ☐ No  
*If yes, payment plan must be set up with treasurer*

**New student :** ☐ School Records Requested on \_\_\_\_\_  
Received on \_\_\_\_\_  
☐ Original Birth Certificate  
☐ Immunization Record  
☐ Physical Exam ( Grade K,6,9)  
☐ Eye Exam (K) ☐ Dental Exam (Grade K,6,9)  
☐ Standardized Test Score ☐ Iqra School assessment test

<b>TAP Program:</b> <input type="checkbox"/> Yes <b>Position:</b> _____ <input type="checkbox"/> No
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Position approved: \_\_\_\_\_ Start Date: \_\_\_\_\_

<b>Financial Aid :</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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☐ Last two years of **IRS tax return transcript attached** ☐ Yes ☐ No

**Treasurer's notes:**

Date : \_\_\_\_\_

Signature: \_\_\_\_\_



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### Office Checklist

Kindly sign the form once complete and place it in the student file.

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\_\_\_\_\_  
Office admin signature

\_\_\_\_\_  
Date