



# Al-Minhaal Academy

WHERE THE FUTURE BEGINS



Dear Parents and Guardians:

Assalaamu Alaikum wa Rahmatullahi wa Barakatuh.

It is our pleasure to welcome you to Al-Minhaal Academy. The beginning of each school year is a time filled with hope and great anticipation of what is to come.

The mission of Al-Minhaal Academy is to transmit knowledge, provide a safe upbringing away from negative influences, and to develop a strong character through the values of Islam according to the proper understanding of the Salaf Us-Saalih. In shaa Allah, we will continue to pursue educational excellence and position our Academy as an academic leader. Our commitment is to our students, whom we will provide with the correct guidance, support, and Islamic environment to contribute to their feelings of happiness and self-confidence. This, in shaa Allah, will be a foundation in the success of their academic achievement. Not only do we prepare them to be leaders in the Muslim community, but in the secular fields as well by offering advanced STEM courses and educating them through the use of technology. We encourage parents to work closely with our school and become acquainted with their child(ren)'s teachers. Cooperation between the home and school is essential for each child's success.

Please be advised that all students are required to submit their application online through Gradelink. Existing families may log in and update the information we have in our system. All returning students are eligible for early registration beginning immediately. The deadline for returning families to apply and receive a discount is **May 11, 2018**.

On behalf of Al-Minhaal Academy and our esteemed board members, please accept our gratitude for your continued confidence in Al-Minhaal Academy and the lifelong value that an Islamic education provides.

Wassalamu Alaikum wa Rahmatullahi wa Barakatuh.

Your Brother in Islam,

*Sheikh Ahmed Salem*

Sheikh Ahmed Salem, Ph.D.  
Principal

**ONLINE ENROLLMENT:**

<https://secure.gradelink.com/1232/enrollment>

**RETURNING STUDENTS:**

**Log-in Gradelink and Re-enroll**



# ≡ ADMISSIONS POLICY ≡

## NON-DISCRIMINATION

AL-MINHAAL ACADEMY does not discriminate on the basis of race, color, national or ethnic origin in the administration of its admission policies, educational policies, scholarships, loan programs, athletic and other school administered programs. Students are entitled to all the rights, privileges, programs, and activities generally accorded or made available to them at the school.

## GOALS AND OBJECTIVES

1. To admit qualified students, according to a set of academic and behavior standards.
2. To detect the readiness and the compatibility of students to join the school program.
3. To detect weaknesses and strengths of students before they are admitted.
4. To acquaint students and parents with the school policy, environment and expectations from both the parents and the students.
5. To reflect indiscriminate, unbiased and fair standards of admission and policies that will apply to everybody.

## REQUIREMENTS FOR ADMISSION

All students admitted to AL-MINHAAL ACADEMY, must meet the following requirements:

- An Application must be completed, signed and submitted to the office before the deadline.
- Non-refundable registration and book fees must be paid in full to reserve a seat.
- All required documentation must be submitted (birth certificate, report cards, transfer records, immunization records, and health screen forms).
- Transfer students must have at least a 70% average in each subject.
- Applicant must pass an English and Math placement test with a minimum score of 70%.
- Evidence of a history of positive school behavior from previous school & a letter of recommendation from a religious leader in your area must be submitted.
- Approval of Admission based on the interview conducted by the Principal (2<sup>nd</sup> – 9<sup>th</sup>)
- Children applying for Kindergarten must meet the minimum age requirements 5 years of age on or before October 31<sup>st</sup>. Students who will be 5 years old between November 1<sup>st</sup> and December 31<sup>st</sup> may be considered after passing the placement test.
- Pre-Kindergarten students will not automatically be promoted to Kindergarten without passing the entrance exam (motor readiness coordination etc.) and they must meet the above age requirements.
- Parents' signature on the application means acceptance of the current school policy. Any policy that the school adopts, anytime thereafter, will be considered as accepted after ten business days (counting the first day, but not counting the last) of providing the amendments to the parents. Any objections are to be posed before the end of the ten-day period. Should the parent choose not to accept the handbook or object to the amendments for whatever reason, AL-MINHAAL ACADEMY reserves the right to prohibit the student from attending the school until such time as the parent withdraws the student or accepts the school policy in writing.

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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



# = ENROLLMENT APPLICATION =

## STUDENT INFORMATION

**Grade in 2018-2019** \_\_\_\_\_

Name (Last, First) \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Place of Birth \_\_\_\_\_

Gender  Male  Female

Student's E-mail, if applicable: \_\_\_\_\_

Student's Cell #, if applicable: \_\_\_\_\_

US Citizen  YES  NO, Citizen of \_\_\_\_\_

SS # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Last School Attended \_\_\_\_\_

Student Resides with  Both Parents  Father  Mother  Guardian

Is English your child's first language?  YES  NO

Is any other language spoken in the home?  YES  NO

If yes, please indicate which language: \_\_\_\_\_

Race\*  Arab  Black, African American  
 East Asian  South Asian  
 White  
 Other (Specify) \_\_\_\_\_

This Data is being collected in compliance with the IRS Requirements for 501(c)(3) Schools.

OFFICIAL USE ONLY	
Application #	_____
Date Received	_____
Time Received	_____
Received By	_____
Registration Check #	_____
Book Fee Check #	_____
Documents Signed	_____
Date Entered in System	_____
Birth Certificate	_____
Immunization Documents	_____
Transportation Form	_____
Entered By	_____
Application Status	_____
Notes	_____

## ADDITIONAL SIBLING(S)\*

Name (Last, First) \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Place of Birth \_\_\_\_\_

Gender  Male  Female

Name (Last, First) \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Place of Birth \_\_\_\_\_

Gender  Male  Female

US Citizen  YES  NO, Citizen of \_\_\_\_\_

SS # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Last School Attended \_\_\_\_\_

Name (Last, First) \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Place of Birth \_\_\_\_\_

Gender  Male  Female

Name (Last, First) \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Place of Birth \_\_\_\_\_

Gender  Male  Female

US Citizen  YES  NO, Citizen of \_\_\_\_\_

SS # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Last School Attended \_\_\_\_\_

*\* for more than two siblings, please fill out this section of another application and attach it to current application.*

## PARENT/GUARDIAN INFORMATION

Father/Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email\* \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email\* \_\_\_\_\_

*\* Email will be used for administrative purposes, important school announcements, and vital communication.*



# STUDENT EMERGENCY FORM

## STUDENT INFORMATION

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Father/Guardian's Name \_\_\_\_\_ Mother/Guardian's Name \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## EMERGENCY CONTACTS

*IN CASE THE PARENT / GUARDIAN CANNOT BE REACHED, PLEASE LIST 2 INDIVIDUALS WHO MAY TAKE YOUR CHILD HOME.*

NAME	RELATIONSHIP	PHONE	ALTERNATE PHONE #
1.			
2.			
3.			

## STUDENT MEDICAL INFORMATION

Allergies?  YES  NO If yes, please indicate what kind: \_\_\_\_\_

Taking Medication?  YES  NO If yes, please indicate what kind: \_\_\_\_\_

Chronic Medical/Psychiatric Problems:  YES  NO

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

Wear glasses/contact lenses:  YES  NO Participate in a team sport?  YES  NO

Receive physical therapy?  YES  NO Receive emotional/social counseling?  YES  NO

## DOCTOR INFORMATION

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**By my signature, I affirm the following:**

1. That the above information is correct.
2. That in the event of a medical emergency, I authorize AL-MINHAAL ACADEMY to seek emergency medical care for my child as deemed necessary by the Principal or administrative designee.
3. That I have received the Information to Parents document.
4. I understand that if an adult's name does not appear on this list, my child(ren) will not be released from school with that individual.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



## FEE STRUCTURE FOR 2018-2019

TYPE	INFANT	TODDLER	EARLY CHILDHOOD (PRE-S., PRE-K.)
Registration Fees	<b>\$150</b>	<b>\$150</b>	<b>\$150</b>
Educational Material/Activity Fees	<b>\$300</b>	<b>\$300</b>	<b>\$300</b>
Annual Tuition	<b>\$7,000</b>	<b>\$6,000</b>	<b>\$5,000</b>

TYPE	KG-6 <sup>th</sup> Grade	Middle School (7 <sup>th</sup> -8 <sup>th</sup> Grades)	High School (9 <sup>th</sup> -12 <sup>th</sup> Grades)
Registration Fees	<b>\$150</b>	<b>\$150</b>	<b>\$150</b>
Book Fees	<b>\$300</b>	<b>\$300</b>	<b>\$300</b>
Technology Fee	<b>\$50</b>	<b>\$50</b>	<b>\$50</b>
Lab Fees	<b>\$50</b>	<b>\$50</b>	<b>\$50</b>
Annual Tuition	<b>\$4,650</b>	<b>\$4,650</b>	<b>\$4,950</b>
Annual Tahfeeth Fees	Reg. Fees +\$750 (3 <sup>rd</sup> - 6 <sup>th</sup> )	Reg. Fees +\$750	Reg. Fees +\$750

Please Select a Payment Plan    10 Months    8 Months    2 Months    Payment Made in Full

\* New families must pay a one-time, non-refundable enrollment fee of \$1,000 per family.\*

**DISCOUNTS:**   Second Child - \$25 less of monthly tuition   ➔   Third Child or More - \$50 less of monthly tuition

## RETURNING STUDENTS

**(Parent / Guardian Must Initial Below)**

- \_\_\_\_\_ Registration fee will be \$75 provided they pay on or before **May 11, 2018**.  
\*Registration Fee will be \$150 after the stated deadline.
- \_\_\_\_\_ Book fees will be \$250 provided they pay on or before **May 11, 2018**.  
\*Book Fees will be \$300 after the stated deadline.
- \_\_\_\_\_ Book Fees must be paid before **July 15, 2018** in full to reserve a spot. Spots are **not guaranteed** if the fees are not paid by the deadline.
- \_\_\_\_\_ Registration, Technology, and Lab Fees are non-refundable/Book Fees are non-refundable after **June 1, 2018**.  
a. Book fees will be used solely for use of books and tests provided by the school.  
b. Books are to be returned to the school upon completion of the course or school year.
- \_\_\_\_\_ Full Payment of annual tuition prior to deadline waives registration fees and 5% discount applied to tuition. (Deadline: **May 11, 2018**)
- \_\_\_\_\_ Tuition is due on the first of every month. Fees will be processed 10 days before the previous month the tuition is due for Parents who are enrolled in the EFT Payment.  
a. **Processing Fee:** A processing fee will be added to your balance if tuition is paid after the fifth of the month (Processing fee amount will vary. It will be based on how much time & effort was spent to collect balance amount.
- \_\_\_\_\_ Parents/Guardians are liable to pay the full annual tuition irrespective of early withdrawal from the school year.



# NEW STUDENTS

## (Parent / Guardian Must Initial Below)

- \_\_\_\_\_ Registration/Book Fees must be paid in full to reserve a spot.
- \_\_\_\_\_ Full Payment of annual tuition prior to deadline waives registration fees and 5% discount applied to tuition. (Deadline: **May 11, 2018**)
- \_\_\_\_\_ **Registration, Technology, and Lab Fees are non-refundable/Book Fees are non-refundable after five (5) business days from the date of admission.**
  - a. Book fees will be used solely for use of books and tests provided by the school.*
  - b. Books are to be returned to the school upon completion of the course or school year.*
- \_\_\_\_\_ **Tuition is due on the first of every month. Fees will be processed 10 days before the previous month tuition is due for Parents who are enrolled in the EFT Payment**
  - a. **Processing Fee:** If the tuition is paid after the fifth, a processing fee will be added to your balance. (Processing fee amount will vary. It will be based on how much time & effort was spent to collect balance amount)*
- \_\_\_\_\_ Parents/Guardians are liable to pay the full annual tuition irrespective of early withdrawal from the school; including the onetime Family Enrollment Fee
- \_\_\_\_\_ **One time Family Enrollment Fee: NON-REFUNDABLE**

- 
- 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 my child may be excluded from school if immunizations are not on file with the school nurse.
  - I understand my child(ren) transcripts/report cards will not be released if all payments due aren't paid or school properties such as textbooks are not returned before school ends 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 by the 10<sup>th</sup> of every month.
  - I certify that all of the information I have provided on all pages of this application is true and accurate. I understand that falsification of any information or submission of misleading information will be cause for revoking this application, and I am legally responsible for all information supplied within this application.

**The undersigned, as the parent(s) or guardian(s) of the child(ren) named in this application hereby accept and agree to all of the terms of this agreement.**

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_



# ≡ PARENT CONSENT FORM ≡

## Student Probation

In the case of misconduct regarding your son/daughter, they will be put on a 3-month probation period in which they will be analyzed to make sure that no further misconduct occurs. If he/she does not abide by the school rules during these three months, they will be at risk of expulsion from the school.

- I understand that if my child is put on probation; he/she will be expelled from the school if he/she breaks school rules during the probation period.

## Tuition Payment

If the tuition is not paid on time, the parent will be expected to notify the school by email. No verbal contact (Principal, Administrator, etc.) will be acceptable. If the tuition is more than 15 days late and the school has not been notified, the child(ren) will be automatically suspended on the 16<sup>th</sup> day of the month. Suspension notice will not be given out (school will inform the Parent/Guardian by email and a phone call).

- I understand that I am required to state a reason and note when I will be able to make the payment by *e-mail* if my tuition payment is late.
- I understand that if I do not notify the school, my child(ren) will be automatically suspended on the 10<sup>th</sup> day of the month until a meeting with the Financial Committee is scheduled with me.
- I understand that I am liable to pay the full annual tuition fees unless I withdraw my child(ren) within 15 days of admission or the start of the school whichever is later.
- I agree to fulfill the obligation to pay all fees and tuition in full as evidenced by my signature to this student application submitted on behalf of my child(ren). If the amount is not paid within 30 days, my account may be sent to a collection agency.

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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



# = FUNDRAISING AGREEMENT =

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Date: \_\_\_\_\_

In regards to Al-Minhaal’s annual fundraising efforts, we are anticipating a grand event for the month of December, 2018, insha’Allahu ta’ala. It is mandatory for each family to participate in these efforts and therefore we have drafted this contractual agreement to be signed and returned with your child’s registration application.

Although the event will be slated for December 2018, we pray that you will begin your fundraising campaigning as early as possible. Ideally, if you begin selling tickets right away, you could fulfill your fundraising responsibility before the beginning of the school year. Consequently, because you have several months to honor this agreement, if all funds are not submitted by January 2, 2019; the full amount of your fundraising obligation (\$300) will be added to your January tuition and expected to be paid by the January tuition due date.

Bismillaahir Rahmanir Rahim

I agree to sell a minimum of six (6) tickets for the purpose of supporting Al-Minhaal Academy’s annual fundraising efforts. The tickets will sell at a cost of \$50 each, which will realize a monetary fundraising contribution of \$300.

**Optional Agreement**

I agree to sell four (4) or more than the agreed upon six (6) tickets.

Parent’s Signature: \_\_\_\_\_

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





## == VOLUNTEER HOUR SIGN UP SHEET ==

Please be informed that all parents must volunteer a minimum of 20 hours per child and 40 hours if there is more than one child throughout one academic year. In the case of a parent being unable to volunteer, a fee of \$150 can be paid as an alternative for the hours or \$250 if more than one child enrolled. This form must be completed and submitted with the registration form.

Please mark with: M: (Morning) E: (Evening) or N: (Night) to indicate time frame(s) available					
Please Pick one or more of the following categories:	M	T	W	R	F
Elementary Class Assistant					
Middle School Assistant					
High School Assistant					
Fundraising/School Event Volunteer					
Extra-Curricular Activities Volunteer					
Lunchroom Assistant					
Other: _____					

Father's Name (Print Only): \_\_\_\_\_

Mother's Name (Print Only): \_\_\_\_\_

Name of Child(ren): 1. \_\_\_\_\_ Grade: \_\_\_\_\_  
 2. \_\_\_\_\_ Grade: \_\_\_\_\_  
 3. \_\_\_\_\_ Grade: \_\_\_\_\_  
 4. \_\_\_\_\_ Grade: \_\_\_\_\_  
 5. \_\_\_\_\_ Grade: \_\_\_\_\_

I am unable to volunteer and have attached my check along with this document.

Check Number: # \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_



# == PICK UP AUTHORIZATION FORM ==

Dear Parents,

To insure your child’s safety, we must have on file, the names, addresses, and telephone numbers of the individuals permitted to drop off and pick up your child(ren) from school. If someone arrives to pick up your child(ren), and their name is not in our file, we cannot allow your child(ren) to leave with them.

Please list below any person’s name, address, and telephone number who may arrive to pick up your child(ren).

Also, please notify us by telephone when your child(ren) will be absent from school.

Thank you for your cooperation.

\_\_\_\_\_ may be dropped off or picked up by the following adults:  
(Name of Student)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

I understand that my child will only be released to the persons who have been authorized above.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature Date



**== ADVERTISEMENT DISCLAIMER ==**

Dear Parent/Guardian,

Throughout the school year, students participate in activities, events, functions, etc. with the school. Pictures/Videos are taken and used for advertisement purposes. Please sign below if you agree for your child(ren) to be in these pictures/videos or disagree.

Child(ren)'s Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ I agree for my son(s)/daughter(s) to be in the videos/pictures

\_\_\_\_\_ I disagree for my son(s)/daughter(s) to be in the videos/pictures

Parent/Guardian Name (print): \_\_\_\_\_

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

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



# ENTERING KG-12<sup>th</sup> RECORD TRANSFER

**To The Parent or Guardian:**

To assist in the prompt and efficient transfer of your child’s educational records, please provide the following information, sign where indicated and give this form to the school main office:

Student’s First & Last Name:

\_\_\_\_\_

Child’s Grade for School Year **2018-2019**: \_\_\_\_\_

Name of Previous School: \_\_\_\_\_

Address of Previous School: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

I give my permission for the transfer of my child's school records to Al-Minhaal Academy.

The record should include copies of the following:

- \_\_\_\_\_ Current transcripts/Permanent school records
- \_\_\_\_\_ Transcripts of grades or evaluations for previous years
- \_\_\_\_\_ Results/Scores of all standardized tests
- \_\_\_\_\_ Health records including current immunization records
- \_\_\_\_\_ Behavior/Discipline Records
- \_\_\_\_\_ Other information maintained in student's permanent record (ex. IEP and Disciplinary Records)

Parent/Legal Guardian’s Name: \_\_\_\_\_

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

**Please send requested information and sealed records directly to:**

**Al-Minhaal Academy  
1764-A New Durham Rd.  
South Plainfield, NJ 07080**

If you have any questions or concerns please feel free to contact us at 732-572-3344



# PHYSICAL FORM

This form is to be completed by a physician or clinic by \_\_\_\_\_.

Please note: Health records should also be submitted along with this form which includes all past illness of importance, any learning disabilities you may be aware of, hearing loss, vision disturbances, history of nose bleeds, etc.

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Growth:                      Normal                      Other: \_\_\_\_\_

Eyes:                          w/ Glasses                      w/out Glasses

Ears:                          Hearing Loss:                      Other Defects: \_\_\_\_\_

Heart:                          Lungs:                          Tonsils:                      Nose:

Nutrition:                      Skin:                          Speech:

Glands:                          Thyroid:                          Other –Specify: \_\_\_\_\_

Cervical:

Orthopedic:                      Structural Defects:                      Posture:

Scoliosis:                          Feet:                          Hernia:                          Blood Pressure:

Symptoms of nervous disorder:

Operations:

Serious Injuries:

Allergies:                          Yes (Please complete Allergy Form)                          No

Recent Immunizations:

Is there any condition that would limit participation in the physical education program?

Additional Information that may be useful to the school:

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_