



ISLAMIC SCHOOL OF PLAINFIELD: a community of learners

2138 Stanley Road • Plainfield • IN 46168

Email: register@islamicschoolofplainfield.org

Phone: 317-938-7981

Sunday School Registration

Family

Single Child

Application for Admission: Sunday School

School Year: _____

APPLICANT'S INFORMATION

(Please write clearly. Please complete for all students.)

Please provide us a good email address as most of communication is through emails)

| | FIRST NAME | LAST NAME | DOB | AGE | GENDER | CURRENT SCHOOL | GRADE |
|---|------------|-----------|-----|-----|--------|----------------|-------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |

PARENT/GUARDIAN INFORMATION

| | | |
|------------------------------|---------------------------------|------------------------------------|
| NAME(S): [Father] [Mother] | | |
| ADDRESS: | | |
| CITY: | STATE: | ZIP: |
| HOME PHONE: | CELL PHONE: [Father] [Mother] | EMAIL ADDRESS: [Father] [Mother] |

EMERGENCY CONTACT INFORMATION

| NAME | PHONE | RELATIONSHIP TO STUDENT |
|------|-------|-------------------------|
| | | |
| | | |



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DISCLAIMER

I understand that upon signing this contract, I agree to follow the policies and procedures of Islamic School of Plainfield.

Parent/Guardian Signature: _____

Date: _____

- I give Islamic School of Plainfield (ISP) permission to release my child’s name and contact information as well as any known health issues to teachers and other ISP families for the purpose of carpooling, PTO, homework groups, event coordination, etc.

Parent/Guardian Signature: _____

Date: _____

- I give ISP permission to take my child’s picture for the purpose of school pictures, classroom projects, and/or website and brochure use.

Parent/Guardian Signature: _____

Date: _____

- I give permission to ISP to take whatever emergency measures are judged necessary for the care and protection of my child while under its supervision. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency team deems it necessary. It is understood that in some medical situations the staff will need to contact the emergency resources before the parents/guardians, the child’s physician, and/or other adults acting on the parents/guardians behalf are notified. I under that any expenses incurred will be borne by the child’s family.

Parent/Guardian Signature: _____

Date: _____

- As a parent or legal guardian, I grant permission for my child to participate in all activities at ISP. I assume full responsibility for any injury or damage, which may occur to my child in, on, or about the premises of ISP, or arising out of its activities. I do hereby fully and forever release and discharge ISP and all associated with it, its owner, employees, and agent from all claims, demands, right of action, or causes of action present or future, whether same be now, anticipated or unanticipated, resulting from or arising out of my child’s participation in the program and activities of ISP. I further grant permission to provide emergency first and/or hospitalization to my child in case of injury/illness. Expenses incurred for the hospital will be my responsibility.

Parent/Guardian Signature: _____

Date: _____



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FINANCIAL AID APPLICATION – CONFIDENTIAL

If you would like to apply for financial assistance, please provide the following information.

ISP does not share this information and it is collected for office use only.

Family Information:

List names and ages of all family members living in the household with the student

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Financial Information:

| | | | |
|----------------------------------|--------|-----------------------------|----------|
| Father's Job: | _____ | Father's Annual Income: | \$ _____ |
| Mother's Job: | _____ | Mother's Annual Income: | \$ _____ |
| Other Sources of Income: | _____ | Total Amount of Income: | \$ _____ |
| Rent or own residence? | _____ | Monthly rent/house payment: | \$ _____ |
| Motor Vehicle Information | | | |
| Make: | Model: | Year: | |
| Make: | Model: | Year: | |
| Make: | Model: | Year: | |

Financial Aid Policy:

A) ISP recognizes that Islamic education is essential for all Muslim children regardless of their financial status. Efforts will be made to reduce tuition for families who qualify to receive financial aid. To be considered, families in need must complete this application and submit it with the following documents:

- Federal Tax Return for the past two years**

B) Eligibility is determined by a criterion set by the School Committee of Education at the beginning of the academic year. The application will be reviewed by the administration staff at ISP. Families who qualify for financial aid are required to pay a minimum tuition for each child receiving financial aid (no full waiver). Financial aid does not cover book fees. Once accepted, the family's financial status will be reviewed every semester and the amount of aid may be adjusted based on the recommendations of the Board.

C) By signing this form, I understand that all information provided by me is accurate. I understand that ISP reserves the right to verify the above information independently. I understand that submission of this information does not constitute admission of my child or children into ISP. I also understand that providing false or inaccurate information on this form may result in the denial or revoking of my child or children's admission to ISP. If my child is accepted for admission, I agree to adhere to all the policies, procedures, rules and regulations established by the school including payment of school dues.

Parent/Guardian Signature: _____

Date: _____



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TUITION INFORMATION

Registration Fees (Non-refundable) – No Teachers Discount Applies

| | |
|--|---------|
| Registering one child | \$40.00 |
| Family (Registering more than one Child) | \$60.00 |

Textbook Fees (One time fee at the beginning of the school year) – No Teachers Discount Applies

| | |
|---------------------------|---------|
| Students under Age 5Years | \$25.00 |
| Students Above Age 5Years | \$55.00 |

A) Tuition Fees (Paid by semester or year) - Due on 1st Sunday of Month

Note: A semester is 5 months. Fall semester begins in August and ends in December; spring semester begins in January and ends in May.

| | Option 1 | Option 2 | PTO |
|--------------------|----------|--------------|----------|
| # of Kids Enrolled | Per Year | Per Semester | Per Year |
| 1 Child | 350 | 175 | 25 |
| 2 Children | 550 | 275 | 25 |
| 3 Children | 750 | 375 | 25 |

Additional child \$25.00

B) Tuition Fees (Paid Staff) – 25% Discount

| | Option 1 | Option 2 | PTO |
|--------------------|----------|--------------|----------|
| # of Kids Enrolled | Per Year | Per Semester | Per Year |
| 1 Child | 262.50 | 131.25 | 25 |
| 2 Children | 412.50 | 206.25 | 25 |
| 3 Children | 562.50 | 281.25 | 25 |

Additional child \$25.00

C) Tuition Fees (Volunteer Staff) – 35% Discount

| | Option 1 | Option 2 | PTO |
|--------------------|----------|--------------|----------|
| # of Kids Enrolled | Per Year | Per Semester | Per Year |
| 1 Child | 227.50 | 113.75 | 25 |
| 2 Children | 357.50 | 178.75 | 25 |
| 3 Children | 487.50 | 243.75 | 25 |

Additional child \$25.00

Late Charges - NO EXCEPTIONS

| | |
|---|-------------|
| Late pick up fees | \$10/10 min |
| Late charges on tuition after the 1 st Sunday of the month | \$25.00 |

Special Notes:

Financial Assistance will be available upon request and after reviewing required information by aid committee. (i.e.; W-2 form). To apply, please complete the financial assistance form.

Please note that Registration fee, school text books fees and late charges are not covered by financial assistance program. Parents MUST pay those fees.



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Sunday School Registration

Requirement for Admission

- Ages 3-4
 - Students must be toilet trained

Tuition and Fees for Admission

- Registration fee must be paid at time of registration
- Book fees are separate from tuition costs, and vary each year for each class
- Book fees must be **paid in full** a month before school starts
- Tuition fees must be **paid in full** at the beginning of each month
- If tuition cannot be paid in full, a monthly plan will be implemented
- Monthly tuition will be due by the 5th of each month
- **Late charges will incur if any of the above fees are not paid on time. There will be no exception. It is the parent's responsibility to pay tuition and fees on time.**

Application for Admission

To register your children for Al-Iman Academy, please submit the following documents:

- The application form filled out in its entirety
- Yearly non-refundable application and registration fee remitted with this application
- Signed financial agreement
- Any health/behavior issues the school should know about

Please note and Understand:

1. Submission of application does not necessarily guarantee admission.
2. Applicants will be admitted to appropriate class according to their age. But please note that after the appropriate screening and testing are done, school administration will let the applicant know whether he or she has been accepted for admission for specific class or needs to be placed in a different class based on academic knowledge and qualifications.
3. ISP has the right to **not accept a student for any reasons** the school considers may not benefit either the student or the school.
4. Please note that *ISP is not equipped to care for children with special medical, emotional, disciplinary or educational needs. If the child is receiving, or is in need of, more than normal supervision, it is required that a parent contact and consult with school administration prior to registering.*



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School Polices

Please!

1. Come on time.
2. Drop children at **10:25 a.m.** and pickup on time by 2:15 p.m.
3. Send snacks for the BREAK.
4. Send a note book, pencils, erasers and crayons (Pre-K & KG). All other kids must bring a notebook, pen or pencil.
5. Park your cars properly in the designated area.
6. Inform the Administration if your children have allergies to certain food or any other condition that needs special handling.
7. Read the instructions and abide by the same.
8. All Fees need to be paid in full at the registration.
9. Financial aid available to families with proven financial difficulties
10. Students should maintain discipline in the classroom.
11. Students **MUST NOT** move things around in the classroom.
12. Students shouldn't use or remove books, pens, and pencils from the desks that do not belong to them.
13. Children should come properly dressed. Boys may wear cap (no Shorts) and Girls should wear Hijab, long sleeve shirts and the shirts should be long enough.
14. Parents are requested to join Duhr Prayer. This will encourage children as well.

School Timings / Schedule

1. **Final Time: 10.30am – 2.15pm**
2. School Starts at 10.30am and Assembly will be conducted at the end of school
3. Following is schedule
 - a. First Class: 10.30am – 11.30am
 - b. Break: 11.30am – 12.00pm
 - c. Second Class: 12.00pm – 1.00pm
 - d. Workshop: 1.00pm – 1.30pm
 - e. Azan: 1.30pm – assigned student
 - f. Iqama: 1.35pm – assigned student
 - g. Salah: 2.00pm
 - h. Finish with 1 selected Hadith by staff
 - i. Dismissal: 2.15pm