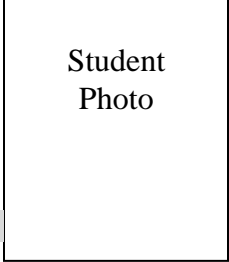




Islamic School of Rhode Island
840 Providence St., West Warwick, RI 02893
Application for Admission (2020-2021)



APPLICANT AND PARENT /GUARDIAN INFORMATION
PLEASE PRINT OR TYPE CLEARLY ON THE FORM

Student First Name _____ Middle Name _____ Last Name _____ M/F ____/____/____
 Gender Birth Date Age Grade applying for _____

Parent Name _____ Relationship _____ Occupation & Employer _____ Email _____

Parent Name _____ Relationship _____ Occupation & Employer _____ Email _____

Address: _____
 Street City State Zip code

Father's / Guardian's cell: _____ Mother's/ Guardian's cell: _____ Home: _____

Can the school contact you via text for any information related to your child? Yes No If Yes, _____

Languages spoken at home: _____
 Primary Language Secondary Language

Race/Ethnicity Hispanic American Indian Asian African American Pacific Islander White Other Race:

How did you hear about the Islamic School of Rhode Island? _____

TUITION, OTHER FEES AND WITHDRAWAL POLICY

The annual tuition (10 months – July, 2020- April, 2021)

PK Full-time	\$5,450 (\$545 per month)
PK Part-time	\$4,200 (\$420 per month)
Grades KG-8	\$5,200 (\$520 per month)
Grade 9	\$7,500 (\$750 per month)

Non-refundable one-time fee per student (required with enrollment form)

- New student application fee \$100
- Book fees(applies to KG-9 only) \$100

Enrollment deposit per student:

- Deposit applied towards tuition \$250

Late enrollment fee per student

- For applying after June 1st, 2020 \$200

*Deposit of \$250.00 per student is required with the enrollment form; this will be deducted from your last payment.

Withdrawal Policy

1. Parents will forfeit the deposit paid with their application, if student(s) withdraws before September 1.
2. Parents will be liable for 25% of annual total fees, if student(s) withdraws during September.
3. Parents will be liable for 50% of annual total fees, if student(s) withdraws during October - December.
4. Parents will be liable for 100% of annual total fees, if student(s) withdraws after December 31.

Important Acceptance Regulations:

- The front office will not accept the admission paper without the non-refundable one-time fee, the enrollment deposit, and a written payment plan of the tuition on page 2 (if not paid one time).
- Your child is not accepted to ISRI unless you receive a notification email of acceptance within 15 days of receiving the application. Otherwise, you should contact the front office for your application status.
- For new students, it may take more time to notify you for acceptance until we receive the file from the former school. They should be tested and interviewed by the class/subject teacher.

Initial and date here _____

I (we) agree to, and will abide by all school policies mentioned in the application, student handbook and the rules and regulations during the school year. I (we) agree that ISRI will not provide a printout of the student handbook and I will download it from www.myisri.org.

 (Father's/Guardian's Name)

 (Father's/Guardian's Signature)

 Date

 (Mother's/Guardian's Name)

 (Mother's/Guardian's Signature)

 Date

I (We) hereby affirm that, to the best of my (our) knowledge, all statements made herein are true and complete. I (We) understand that this is only an application for enrollment, it is not a contract. I (We) also understand that the Islamic School of Rhode Island will review the information and its supporting documents before a final decision is made. I (We) further understand that admission into ISRI is contingent upon the accuracy of this application and its supporting records, including the transcripts and other documents that ISRI might require. I (We) affirm that I (We) will abide by all school policies, including payment policies.

 Father's/Guardian's Name

 Father's/Guardian's Signature

 Date

 Mother's/Guardian's Name

 Mother's/Guardian's Signature

 Date

For office use only:

Date Received: ____/____/____ Tuition deposit? Y / N Amount received: \$ _____ Cash / Check: _____ Grade _____

Reviewed by: _____ Remarks: _____

Email: principal@isrionline.org
 Web: www.myisri.org

TEL: (401) 821-8700
 FAX: (401) 821-8701



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FINANCIAL INFORMATION and TUITION PAYMENT PLAN

PLEASE PRINT CLEARLY ON THE FORM- PERSON FINANCIALLY RESPONSIBLE FOR TUITION

Parent Name: _____ Relationship: _____

Address: _____
Street City State Zip

Home Phone: _____ Business Phone: _____ Cell Phone: _____

E-Mail/s: _____

Payment Options: Please select one

SMART TUITION (ID#:)

CHECK/CASH (Only if you choose plan 1 or 2)

Payment Plans: Please select a payment plan

Plan 1: One full payment applicable for 5% tuition discount: \$				
Plan 2: Two Payments:	July: \$			January: \$
Plan 3: Four Payments:	July: \$	October: \$	January: \$	April: \$
Plan 4: Ten payments	Each month from July, 2020 - April, 2021 not later than the 10th of each month			

Pre-signed, post-dated check(s) must be provided to ISRI at the time of registration according to the selected payment plan. ISRI will deposit these checks only on their respected dates unless specified otherwise.

Tuition Assistance through SMART AID - deadline June 1, 2020

Are you applying for financial assistance? Yes No

ISRI has assigned SMART AID to process its tuition assistance applications for a nominal, one-time fee of \$35.

Please apply on the SMART AID financial aid assessment site: www.smartaidforparents.com no later than June 1, 2020.

Initial here _____

Tuition Payment Plan through SMART TUITION - deadline July 1, 2020

ISRI has assigned SMART TUITION to process its tuition billing and collections for a nominal fee of \$45 per family. This fee will be added to the first payment. The automatic debt will be processed on the 10th of every month. All families registering with SMART TUITION are required to sign up by July 1, 2020. Please visit www.enrollwithsmart.com to sign up. ISRI code

Initial here _____

Delinquent Accounts Policy

The account is considered delinquent if a payment is late for more than 30 days. Students with delinquent accounts may not be allowed to attend classes. Student report cards and academic records will not be released until payment is made in full. Students with delinquent accounts will not be eligible for readmission for the next academic year.

Initial here _____

Part-Time Pre-School (Pre-K only) Policy

- Attendance is strictly based on normal school days as published on the school calendar.
- Any absence on scheduled days of attendance cannot be made-up, without exception.

Initial here _____

Scholarship / Zakat eligibility - deadline June 1, 2020

The school has a limited scholarship program based on academic achievement, Islamic behavior, and coupled with a demonstrated need (for Zakat only). Families interested in applying should submit their applications by June 1, 2020.

Initial here _____

(Parent's/Guardian's Name)

(Parent's/Guardian's Signature)

Date

ISRI does not discriminate on the basis of race, color, national or ethnic origin, or sectarian affiliation in the administration of its educational policies, scholarship programs, and other school-administered programs.

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PRIOR EDUCATION *(returning students can skip this section)*

School last attended: _____ Grade attended: _____

Address: _____
Street City State Zip

Phone: _____ Principal: _____

Reason for leaving last school: _____

Did student attend an Islamic school before? If yes, when and where? _____

Has student ever had disciplinary problems, been suspended or expelled from school? Yes No
 If Yes, explain: _____

Has student ever repeated a grade or had serious academic problems? Yes No
 If Yes, explain: _____

What are your goals/reasons for enrolling your child/ren at the Islamic School of Rhode Island?

DOCUMENTATION REQUIRED for ENROLLMENT *(returning students may skip this section)*

The following MUST be submitted prior to June 1st to reserve your place at ISRI for the next academic year. Your child/children will not be allowed to attend ISRI until all paper work is received.

- Enrollment application
- Birth certificate
- Current physical (All students must have a physical dated in the current year)
- Immunization records (visit isrionline.org for detail list of required immunizations for all grades)
- Prior school transcripts (Report cards, Portfolio, State / Standardized Test Scores, IEP, etc.)
- Postdated checks (see payment plan on tuition policy form, attached)
- Medical alert action plan (Must be given by your physician to main office)

IMPORTANT NOTE: Medical forms and Immunization records are required by the R.I. Department of Health. All students that do not have the updated immunization form and will not be able to attend ISRI before completing the mandated immunization. Physicals examination can be completed not later than 6 months of enrollment.

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Parent's/Guardian's Name	Parent's/ Guardian's Signature	Date
Parent's/Guardian's Name	Mother's/Guardian's Signature	Date

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PICK-UP RELEASE FORM

PLEASE PRINT OR TYPE CLEARLY ON THE FORM

PLEASE LIST THE FOLLOWING PERSONS THAT ARE ALLOWED TO PICK YOUR CHILD UP FROM SCHOOL. ISRI WILL NOT RELEASE YOUR CHILD TO ANYONE NOT ON THE LIST WITHOUT PRIOR NOTIFICATION FROM PARENTS/GUARDIANS. THE SCHOOL WILL KEEP A COPY OF THEIR DRIVING LICENSE FOR REFERENCE.

<p>1.</p> <hr/> <p>Name</p> <hr/> <p>Relationship to student</p> <hr/> <p>Address</p> <hr/> <p>Phone #</p>	<p>2.</p> <hr/> <p>Name</p> <hr/> <p>Relationship to student</p> <hr/> <p>Address</p> <hr/> <p>Phone #</p>
<p>3.</p> <hr/> <p>Name</p> <hr/> <p>Relationship to student</p> <hr/> <p>Address</p> <hr/> <p>Phone #</p>	<p>4.</p> <hr/> <p>Name</p> <hr/> <p>Relationship to student</p> <hr/> <p>Address</p> <hr/> <p>Phone #</p>
<p>5.</p> <hr/> <p>Name</p> <hr/> <p>Relationship to student</p> <hr/> <p>Address</p> <hr/> <p>Phone #</p>	<p>6.</p> <hr/> <p>Name</p> <hr/> <p>Relationship to student</p> <hr/> <p>Address</p> <hr/> <p>Phone #</p>

Parent/Guardian Signature: _____ Date: _____

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INDIVIDUAL RELEASE FORM

Student Name: _____ Grade: _____

I give my child permission to use internet with teacher’s supervision.

Yes No

I give my child permission to have his/her picture and video taken, by the ISRI staff and to be used in any media outlet for ISRI’s publicity (at internal and external school events, fundraisers etc.)

Yes No

I give my permission for my child to be photographed by the local newspaper/news channels.

Yes No

I give my permission for my child’s picture to be posted on the ISRI web site, facebook, informational brochures, flyers and school newsletter.

Yes No

Parent/ Guardian Signature: _____

Date: _____



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MEDICAL INFORMATION

MEDICATION ALERT

Emergency Contact

ALLERGY ALERT

Student Name: _____ Gender: _____ Grade: _____
 Address: _____
 Birth date: _____ Parent primary contact: _____
 Weight: _____ Daily Medication: _____

First contact in case of an emergency:

Name: _____
Last First Relationship to student
 Address: _____
 Home #: _____ Cell#: _____ Business#: _____

Medical Information:

Physician or Pediatrician: _____ Telephone #: _____
 Address: _____
Street City State Zip
 Is child taking any medication: Yes No If yes, explain: _____

If your child has any medical concerns, a Medical Alert Action Plan must be submitted to the main office by your physician. Medical Alert Action Plan is a plan of action set up by your doctor.

- Does child have any physical disabilities? Yes No If yes, explain: _____
- Does child have any health/medical concerns? Yes No If yes, explain: _____
- Is activity restricted in any way? _____
- Does child wear glasses or contacts: Yes No If yes, specify: _____

IN CASE OF ANY EMERGENCY, IF WE ARE UNABLE TO CONTACT YOU, WHO DO YOU WISH US TO NOTIFY?

1. _____
(Name) (Address) (Phone) (Relationship)
 2. _____
(Name) (Address) (Phone) (Relationship)
 3. _____
(Name) (Address) (Phone) (Relationship)

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