



2018 -2019

Dear Parents,

As-Salamu-'Alaikum. We would like to welcome you and thank you for your interest in enrolling your children at IQA. Please be advised of the following general information regarding the admissions process:

- ❖ Requirements for Admission:
  - Kindergarten students must be five years old on or before December 31<sup>st</sup> of the current year (This date is not compatible with many other schools.)
  - 1<sup>st</sup> Grade students and above must have successfully completed the previous school year at 70% or above in each subject and demonstrated behavioral compliance in the previous academic environment.
  - Students with special learning needs, including but not limited to emotional, behavioral, learning deficits or disabilities, and/or limited English proficiency, will not be admitted to IQA on the basis that the academy does not provide programs to adequately meet such needs.
  - IQA is operated on a non-discriminatory basis according equal treatment and access to services without regard to gender, race, national origin, or ancestry in administration of its admission and educational policies.
  
- ❖ IQA begins accepting new applications for enrollment in March, 2018 for the 2018-19 school year. Incomplete applications will not be accepted. Applications are **NOT** complete without all of the following required documents:
  - ✓ Student's birth certificate;
  - ✓ Student's social security card;
  - ✓ Student's currently updated immunization record;
  - ✓ Most recent report card and last year's final report card, (1<sup>st</sup> grade and above), including grades and teacher comments<sup>1</sup>;
  - ✓ Most recent standardized test results, (1<sup>st</sup> grade and above)<sup>2</sup>;
  - ✓ Non-refundable application & assessment fees (\$150);
  - ✓ ESL documentation is mandatory for students enrolled in ESL classes previously;
  
- ❖ In addition to the required documentation, the following **optional** documents may increase your child's chances of admission:
  - ✓ Character reference from a former teacher or principal;
  - ✓ Preschool report cards or testing data (for KG applicants);
  - ✓ Documentation of previous Hifz and/or Arabic language achievement;
  - ✓ Documentation showing that your child has been screened for English as a Second Language (ESL) and does NOT require ESL services;
  
- ❖ Candidates will be notified of the first round of testing. Candidates turning in applications thereafter will be contacted within **two weeks** from the date of submitting a complete application including all required documentation; candidates will be called and notified of the date and time for the next admissions test. The admissions test is an aptitude test designed to measure the student's potential success at IQA. **There is nothing to study for this test.** Additionally, an observation or interview session may be scheduled at the discretion of the academy. **The academy reserves the right to decline an application for enrollment due to tardiness or failure to show for a scheduled test, observation, or interview.**
  
- ❖ Students will be admitted based on their potential for success at IQA. IQA admission is NOT based on a first come first serve basis but the timing of application receipt does merit some preferences. All class sizes are limited. Once classes become full, qualifying students will be placed in a waiting pool in the event that space becomes available. There is **no guarantee** that your child will be admitted for the 2018-2019 academic year.

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<sup>1</sup> If the student has never attended school before and has no previous report cards, a signed statement to that effect must be submitted in lieu of any previous school reports.

<sup>2</sup> If the student has never taken a standardized test and therefore has no test results to submit, a signed statement to that effect must be submitted in lieu of such results.



- ❖ If your child is admitted to IQA you will be notified in writing and given a deadline for confirmation of your intent to enroll. Confirmation must be accompanied by the payment of fees to be valid. Upon enrollment confirmation, the following fees are required:
  - **\$600** per family non-refundable registration fee, due upon confirmation of admission.
  - **\$300** per child for instructional materials fee, due on August 1<sup>st</sup>.
  - **\$600** per child, tuition installment, due August 1<sup>st</sup>. [Annual tuition of \$6000 due in 10 monthly installments]. There is a 10% discount for the second child, 20% discount for the third child, and 25 % discount for the fourth child. Monthly tuition for 2 children is \$1140, 3 children is \$1620, and 4 children is \$2070.
  
- ❖ Unconfirmed seats will be offered to other qualified candidates if not confirmed by the due date given.
  
- ❖ **All students are admitted on a probationary basis for the first year and may be dismissed at any time therein for valid academic or disciplinary reasons.**

#### **IQA ADMISSIONS**

**972- 231- 8451 Ext. 109**

[asawalhi@myiqaa.org](mailto:asawalhi@myiqaa.org)



**REGISTRATION FORM**  
**For Academic Year 2018-2019**

**Please note: Any false information provided on this form will nullify the student's admission. Students requiring Special, Alternative, or ESL Education will not be admitted.**

Last School Attended: \_\_\_\_\_ Grade Last Attended: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
School Address: \_\_\_\_\_ City: \_\_\_\_\_  
School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

**Names of Brothers/Sisters attending IQA**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please complete each item carefully**

**SECTION A:**

**Must complete for each child**

Today's Date \_\_\_\_\_ Student's Name \_\_\_\_\_ Current Level \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_  
Student's Social Security # \_\_\_\_\_ Home Language \_\_\_\_\_

**SECTION B:**

**Completing for one child can suffice for others**

**The following information is exactly SAME AS mentioned on the application of my following child: \_\_\_\_\_**

Ethnicity: (choose one) Asian/Pacific Islander, Caucasian, African-American, Hispanic, Middle Eastern, Multi-Racial, South Asian, Other: \_\_\_\_\_

Legal Name of Father/Guardian \_\_\_\_\_ Place of Employment \_\_\_\_\_

Business Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mobile (\_\_\_\_\_) \_\_\_\_\_ Skills Father can volunteer to IQA \_\_\_\_\_

Legal Name of Mother/Guardian \_\_\_\_\_ Place of Employment \_\_\_\_\_

Business Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mobile (\_\_\_\_\_) \_\_\_\_\_ Skills Mother can volunteer to IQA \_\_\_\_\_

**Home Address**  
Street \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Telephone Number (\_\_\_\_\_) \_\_\_\_\_

**My child may be released to the following person(s) only** (Student will NOT be released to any other person without written authorization)



Name	Relationship to Student	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION C:  
Must complete for each child**

**Local Doctor(s)**

Name	Phone	Address
_____	_____	_____
_____	_____	_____

My child has health insurance     YES     NO

Health Insurance Provider's Name and Contact Information:

**Health Information**

List health conditions, such as heart disease, diabetes, seizures, asthma, severe food or drug allergies, eye/ear problems, chronic illness, etc. and any medications the student takes:

- I herby     give     do not give my consent for my child to be transported and supervised by staff on field trips and all school functions.  
I herby     give     do not give my consent for my name, address and phone number to appear in the school year book and directories.  
I herby     give     do not give my consent for IQA to take pictures of my child for advertising/ fundraising or any other activities.

In the event my child becomes ill or is injured at school and I cannot be reached, IANT Quranic Academy is authorized to contact the person(s) listed above, or take my child to the physician indicated, or to a hospital and is given consent for emergency care depending on the severity of the illness or injury. The Academy is NOT financially responsible for any emergency care and/or transportation.

***Signature below signifies compliance with all Academy policies and procedures***

**Parent /Guardian Signature:**

**Date:**

**Please Initial**

- \_\_\_ I understand that IQA does not fill the available seats by a first come first serve basis but according to merit.  
\_\_\_ I understand that it will take 2 weeks to schedule the admission test and another 6 weeks for the final admission decision.  
\_\_\_ I understand that IQA reserves the right to decline an application due to tardiness or failure to show for a scheduled test, observation, or interview.  
\_\_\_ I understand that the \$150 Testing and Application fee is non-refundable and there is no guarantee for admission.  
\_\_\_ I understand that the \$600 Family Registration fee is due immediately upon confirmation of admission.  
\_\_\_ I understand that if accepted my child will be admitted on a probationary basis for the first academic year and may be dismissed any time therein for valid academic or disciplinary reasons.

I understand and agree to the IQA admission process.

\_\_\_\_\_  
Prospective Student Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## Home Language Survey

The state of Texas requires that the following information be completed for each student:

Name of Student: \_\_\_\_\_

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

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

What language is spoken in your home most of the time? \_\_\_\_\_

What language does your child (do you) speak most of the time? \_\_\_\_\_

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

\_\_\_\_\_  
Date



*Parental Authorization and Release*

I, \_\_\_\_\_ (parent's /guardian's name), of \_\_\_\_\_  
(Street address) City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_,  
I am the (father/mother/guardian) of \_\_\_\_\_ (student's name), of \_\_\_\_\_  
(Street address), City of \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_,  
and a phone number of \_\_\_\_\_, who is enrolled at IANT Quranic Academy, Located at  
840 Abrams Road, Richardson, 75081, Country of Dallas, State of Texas.

- A. Authorization to Consent to Medical Treatment. The above named student is covered by insurance as follows:

Insurance Company: \_\_\_\_\_ Certificate Number: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_ Insured's Employer: \_\_\_\_\_  
Insured's Employer Address/phone number: \_\_\_\_\_  
Student's SS#: \_\_\_\_\_ Insured's SS#: \_\_\_\_\_  
Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**In the event of a medical or dental emergency, I hereby authorize IANT Quranic Academy, officers, agents and employees to consent to: (1) the administration to student of any treatment deemed necessary by a licensed physician or dentist; and (2) the transfer of the student to any hospital reasonably accessible. I understand that this authorization is intended to empower IANT Quranic Academy, its officers, agents, and employees to give specific consent to any diagnosis, treatment or hospital care which, in the judgment of a licensed physician or dentist is deemed advisable. I understand that IANT Quranic Academy is not financially responsible for expense of medical treatment, emergency care or transportation.**

\_\_\_\_\_  
(Parent's or guardian's Signature)

\_\_\_\_\_  
(Relation to Student)

\_\_\_\_\_  
(Date)

- B. Authorization to Participate on Field Trips. Give my consent for the above named student to attend any field trips associated with course(s) events in which he/she is enrolled at IANT Quranic Academy.

\_\_\_\_\_  
(Parent's or guardian's Signature)

\_\_\_\_\_  
(Relation to Student)

\_\_\_\_\_  
(Date)



C. Release and Indemnity Agreement. IANT Quranic Academy does not assume any responsibility for accidents. In consideration of the above named student being enrolled and permitted to make trips and participate in school activities and athletics, and to the full extent allowed by law, I herby agree to waive and release IANT Quranic Academy, its trustees, Principal, Faculty, school nurse, employees, agents, and invitees together with all persons, including parents of students of IANT Quranic Academy assisting with any phase of such trips and activities and athletics (but not third party vendors and service providers, such as paid certificated carriers) (collectively referred to as ‘Releasees’), from any and all claim, suits, losses, damages, causes of action or other liabilities by reason of any accident or injury suffered by the above named student, which may arise in connection with school trips and activities, and of the authorization describes above, Further, I herby also agree to indemnify and hold harmless IANT Quranic Academy, its Trustees, Principal. Faculty, school nurse, agents, and employees from any all claims, suits, losses, damages, cause of action or other liabilities, including but not limited to all damages and all expenses of litigation and/or settlement/release, by person of any accident or injury suffered by the above named student while on school trips or participation in school activities or athletics connected with the authorizations described above.

\_\_\_\_\_  
(Parent’s or guardian’s Signature)

\_\_\_\_\_  
(Relation to Student)

\_\_\_\_\_  
(Date)

D. Parent agrees to cooperate and comply with all school policies and procedures.

\_\_\_\_\_  
(Parent’s or guardian’s Signature)

\_\_\_\_\_  
(Relation to Student)

\_\_\_\_\_  
(Date)



*PREVIOUS SCHOOL RECORD REQUEST*

Previous School Address

Fax #: \_\_\_\_\_

Phone #: \_\_\_\_\_

RE:

Student's Name

Date of Birth

To Whom It May Concern:

The student above is seeking admission in our school in the \_\_\_\_\_ grade. We request that all permanent school records for him/her be forwarded to

IANT Quranic Academy  
Student Records  
840 Abrams Road  
Richardson, TX 75081

PLEASE INCLUDE:

- Standardized Test Scores
- Report Cards
- Any Special Education Information
- Attendance Records
- Health and Immunization Records
- Birth Certificate
- Social Security Card copy/ number
- Gifted & Talented Information
- ARD, IEP, BIP, Information
- ESL/LEP Information
- Discipline Records



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Parent's Name

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Parent's Signature

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Date

Thank you

Admissions Office