Malik Academy
Elementary School Program
Application Form

Welcome to Malik Academy!
We are happy to entertain your interest in Malik Academy and we hope we have a long fruitful relationship to benefit your child.

REQUIRED DOCUMENTS:

The following documents are required before your child's registration is complete:

Provide one form per each applicant:

1. Application form
2. Copy of the student's birth certificate or passport
3. Medical and immunization records (within last year)
4. Previous school comprehensive academic records
   (Include all transcripts, educational assessments, IEP when applicable)
5. Signed Authorization of Transfer of Student Records form

Provide one form to include all siblings enrolling at Malik:

6. Signed School Contract
7. Signed Provisional Agreement
8. Signed Emergency Card (both sides)
9. Signed Allergy / Health Condition Posting Consent form
10. Signed Field Trip Permission Form
11. Signed Photo / Video Release form

PLEASE SUBMIT THIS APPLICATION WITH:

- A $50 NON-REFUNDABLE PROCESSING FEE FOR EVERY NEW STUDENT
- AND A $400 NON-REFUNDABLE DEPOSIT

FOR A TOTAL OF $450 PER NEW STUDENT APPLICATION.

MAKE CHECKS PAYABLE TO MALIK ACADEMY.

NOTICE:
APPLICATIONS SUBMITTED BEFORE MARCH 1ST WILL BE PROCESSED WITH A $250 TUITION REDUCTION.

MALIK ACADEMY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL AND ETHNIC ORIGIN IN ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ADMISSIONS POLICIES, SCHOLARSHIP AND LOAN PROGRAMS.

For Office Use Only

Date application received _____ Date deposit paid_____

Applying For: _____

Interested in After School Program: [Yes] [Not sure] [No]

STUDENT INFORMATION

Name of Child _____
(Last Name) *(First Name)* *(Middle Name)*

Date of Birth _____ Place _____ Gender: Male Female

Full name spelled in Arabic: _____

Social Security Number _____ Current Grade in School _____

Last school attended: _____ Grade completed: _____

Please give a brief description of your child, including temperament, likes and dislikes, favorite activities:

_____

_____

_____

_____

_____

_____

_____

Malik Academy

FAMILY INFORMATION

Mailing Address_____

City _____ State _____ Zip Code _____

Home Phone _____ Alternate phone _____

Student lives with: Both parents _____ Mother Only _____ Father Only _____ Parent/Step-parent _____ Guardian _____ Other _____

Mother's Name _____

Mother's Occupation _____Mother's Place of Employment _____

Mother's Work Phone ( )_____-_____ Mother's Cell Phone ( ) _____-_____

Mother's E-mail Address _____

Father's Name _____

Father's Occupation _____ Father's Place of Employment _____

Father's Work Phone ( ) _____- _____ Father's Cell Phone ( ) _____-_____

Father's E-mail Address_____

Primary language(s) spoken in the home _____Other language(s)_____

I hereby affirm that, to the best of my knowledge, all statements made herein are true and complete. I understand that this document is an application for enrollment; it is not a contract. I further understand that admission into Malik Academy is contingent upon the completeness and accuracy of this application and its supporting records, including the transcript and other documents that Malik Academy might require and entrance exam. I affirm that I will abide by all school policies, including payment policies.

Parent Guardian Signature _____ Date _____

Parent Guardian Signature _____ Date _____

ADDITIONAL QUESTIONS

How did you first learn about Malik Academy? _____
_____

What is the most important aspect of a good curriculum to you? _____
_____
_____

What do you see as your primary role in your child's education? _____
_____
_____

What do you hope your child will gain from their experience at Malik Academy? _____
_____
_____

Families are expected to give 75 hours per academic year in voluntary service to the school. What resources, interests, talents, would you be interested in sharing with us? _____
_____
_____
_____

My family will commit to:

☐ Go On Field Trips ☐ Do An Activity ☐ Office Tasks ☐ Maintenance/Repair ☐ Help with fundraising

☐ Plan Special Activities ☐ Marketing for School ☐ Making Materials for Classroom

SIBLING INFORMATION

Are any siblings currently enrolled in Malik Academy or Al Bustan Pre-School/ Kindergarten? [ ] Yes [ ] No
List all siblings who attend school:

Sibling name	School	Age	Current Grade

Other siblings & their ages

Sibling name	School	Age	Current Grade

Malik Academy

Authorization of Transfer of Student Records

Date _____

From _____ (Former School)

Address _____

_____

Pupil's Name _____ D.O.B. _____

Authorization is hereby given for transfer of the school records of the above named student, including Special Education Records, to:

School: **Malik Academy**

Address: 100 Malcolm X Boulevard
Roxbury, MA 02120

Tel (617) 427- 0500
Fax (617) 395- 8200

Parent's signature _____

Malik Academy

FILL OUT ONE SHEET PER FAMILY

Malik Academy
Elementary School Program
School Contract

Name of Child _____
(Last Name) *(First Name)* *(Middle Name)*

Name of Child _____
(First Name) *(Middle Name)*

Name of Child _____
(First Name) *(Middle Name)*

Tuition Fees
Please check one box:
- ❑ Regular day: tuition - $6,044
- ❑ Extended day: day finishes at 5:30 P.M.

Please check one box if attending extended day:
Monthly after school tuition covers from 3:15 to 5:30 p.m.
- ❑ 5 days/week $200
- ❑ 4 days/week $175
- ❑ 3 days/week $140
- ❑ 2 days/week $100
- ❑ 1 day week/$50

Additional fees may apply for enrichment activities and services (e.g., field trips, hot lunches).

Sibling Discounts
When enrolling 2 siblings, each child will receive a 5% discount.
When enrolling 3 siblings, each child will receive an 8% discount.
When enrolling 4 siblings, each child will receive a 12% discount.

Payments Plans
Please check one:
- ❑ Plan 1 – One payment – Payment of entire fees by Sept 1.
- ❑ Plan 2 – Two payments – Due by September 1 and February 1.
- ❑ Plan 3 – Four payments – Due by September 1, November 15, February 15 and April 15.
- ❑ Plan 4 – Ten monthly payments – Due by the 1st of every month, September through June.

Delinquent Accounts Policy
The account is considered delinquent if a payment is late for more that 30 days. Students with delinquent accounts may not be allowed to attend classes. Student report cards 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.

Withdrawal Policy
Deposit is non-refundable.
Parents are liable for 25% of annual total tuition / fees if student withdraws during September.
Parents are liable for 50% of annual total tuition / fees if student withdraws during October-November.
Parents are liable for 100% of annual total tuition / fees if student withdraws after November 31st.

I agree to abide by all the above tuition policies.

_____ _____ _____
Parent/Guardian's Name (Parent/Guardian's Signature) Date

For Office Use Only

Date application received _____ Date deposit paid_____

Malik Academy

FILL OUT ONE SHEET PER FAMILY

PROVISIONAL AGREEMENT

I (we), the parent(s) of: (List all names of children being enrolled)

Student Name: _____ Date of Birth: _____
Student Name: _____ Date of Birth: _____
Student Name: _____ Date of Birth: _____
Student Name: _____ Date of Birth: _____

Address: _____
_____

I (we) agree to the following:

1. I/We understand that our child(ren) is admitted provisionally and that the child(ren) will be observed for a period of up to 40 full working days.
2. I/We understand that the school has the right to revoke admission at any time during this period. Reasons to revoke admission include, but are not limited to, severe learning difficulties, severe attention or behavioral issues, refusal to complete school work or cooperate with others.
3. I/We understand that this policy is needed to protect the school environment and to ensure that every Malik Academy student is well served.
4. I/We pledge to fully co-operate with the school to seek professional help, if needed, and to correct any behavior that is judged disruptive. I/We pledge our support to the school and I/we respect the school decision regarding our child(ren).
5. I/We understand that this agreement is additional to the school contract and we also agree to all statements/clauses of the school contract.

Name of the Father: _____

Signature of the Father: _____

Name of the Mother: _____

Signature of the Mother: _____

Malik Academy

EMERGENCY CARD

FILL OUT ONE SHEET PER FAMILY

Last Name	Child's First Name	Grade	Date of Birth
			/ /
	Child's First Name	Grade	Date of Birth
			/ /
	Child's First Name	Grade	Date of Birth
			/ /
	Child's First Name	Grade	Date of Birth
			/ /
	Child's First Name	Grade	Date of Birth

Mother's Name: _____

Employer/School: _____

Phone: _____ Cell Phone: _____

Address: _____

City, State _____ Zip Code: _____

Father's Name: _____

Employer/School: _____

Phone: _____ Cell Phone: _____

Address: _____

City, State _____ Zip Code: _____

Parent/Guardian's Signature Date

Parent/Guardian's Signature Date

EMERGENCY CONTACTS

The Following people will be contacted in case of emergency where the listed parents cannot be reached:

Name: _____
Relationship to Child: _____
Phone: _____ Cell Phone: _____
Address: _____
City, State _____ Zip Code: _____

Name: _____
Relationship to Child: _____
Phone: _____ Cell Phone: _____
Address: _____
City, State _____ Zip Code: _____

AUTHORIZED PICK UP

The Following people are authorized to pick up my children: (please use more paper to add more names)

Name: _____
Relationship to Child: _____
Phone: _____ Cell Phone: _____
Address: _____
City, State _____ Zip Code: _____

Name: _____
Relationship to Child: _____
Phone: _____ Cell Phone: _____
Address: _____
City, State _____ Zip Code: _____

Name: _____
Relationship to Child: _____
Phone: _____ Cell Phone: _____
Address: _____
City, State _____ Zip Code: _____

Name: _____
Relationship to Child: _____
Phone: _____ Cell Phone: _____
Address: _____
City, State _____ Zip Code: _____

Malik Academy

Malik Academy

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Emergency Information for Medical & Dental Emergencies

FILL OUT ONE SHEET PER FAMILY

Please fill out separate sheets if your children visit different medical care facilities.

Child Name: _____ Date of Birth: _____
Child Name: _____ Date of Birth: _____
Child Name: _____ Date of Birth: _____
Child Name: _____ Date of Birth: _____

In case of an emergency I hereby authorize the program to transport my children to the nearest medical care facility and/or to_____

Physician's Name: _____ Phone Number: ( )_____-_____
Dentist's Name: _____ Phone Number: ( )_____-_____
Allergies: _____
Chronic Health Conditions: _____
Health Insurance Coverage: Policy #: _____

I give this authorization as long as my children are attending Malik Academy.

_____ _____
Signature Date

Malik Academy

FILL OUT ONE SHEET PER FAMILY

ALLERGY / HEALTH CONDITION POSTING CONSENT FORM

Please fill out the information for all the children you are registering:

Last Name: _____

First Name: _____ Date of Birth: _____ Grade: _____
Child's Allergies: _____
Chronic Health Conditions: _____

First Name: _____ Date of Birth: _____ Grade: _____
Child's Allergies: _____
Chronic Health Conditions: _____

First Name: _____ Date of Birth: _____ Grade: _____
Child's Allergies: _____
Chronic Health Conditions: _____

First Name: _____ Date of Birth: _____ Grade: _____
Child's Allergies: _____
Chronic Health Conditions: _____

I give my permission to the staff of Malik Academy to post my children's allergy information in the office, in the classrooms, and in any other areas deemed necessary to minimize food allergy related accidents. I give this permission as long as my children are attending Malik Academy.

_____ _____
Parent/Guardian's Signature Date

Malik Academy

FILL OUT ONE SHEET PER FAMILY

Field Trip Permission Form

Field Trips, visits to neighborhood parks, and walks in the neighborhoods are considered educational experiences and are part of the regular school days. Information will be sent home with a specific form prior to any major field trip that will require transportation beyond walking distance from the ISBCC. No student may leave the school premises without signed parental permission. Teachers who accompany students will always carry a first aid kit and cellular phone, and have pediatric First Aid/ CPR training, in case an emergency or accident should occur. Children will always return to school in time for dismissal.

I _____ (Print Name of Parent/ Guardian) give

Malik Academy permission to take my children: (list all names of enrolled children)

_____

on neighborhood field trips at any time, if they are within walking distance of the school in the City of Roxbury, Massachusetts. I give this permission as long as my children are enrolled at Malik Academy. I further understand that my child (ren) will be chaperoned by at least two responsible adults at all times while away from school and that the adults will take all necessary precautions to protect all students from harm and injury.

In the event my child is injured or becomes ill while away from school on any of the aforementioned trips, I understand that the chaperone will immediately seek medical attention for my student and contact me as soon as possible. With this understanding, I indemnify and will not hold Malik Academy, its teachers, staff, administrators, and Board of Directors members responsible for damages, injuries, and/or costs resulting from accidental injury to the above named students.

Parent's or Guardian's signature _____

Date_____

Malik Academy

FILL OUT ONE SHEET PER FAMILY

Photo/ Video Release Form

I _____ (Parent/ Guardian) give permission to allow recording the image and/ or voice of the minor children named below, I grant Malik Academy all rights to use these sound, still or moving images in any medium for educational, promotional, advertising, or other purposes to support the mission of the school. I also permit the use of any printed material in connection therewith and the use of my child's name in connection therewith, if and when the school deems it necessary. I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or to approve the use to which it may be applied. I agree that all rights to the sound, still or moving images belong to Malik Academy. It is also understood that I may request copies, if I bear the expense of the cost of reproduction. I have read the foregoing and fully understand the contents hereof. I represent that I am the [Parent/ Guardian] of the named minors. I hereby consent to the foregoing on his/her/their behalf as long as they are attending Malik Academy.

Parent/ Guardian's Name (please print):_____

Minor Child's Name (please print): _____

Minor Child's Name (please print): _____

Minor Child's Name (please print): _____

Minor Child's Name (please print): _____

Parent/ Guardian's Signature: _____

Date: _____

Witness Signature: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____