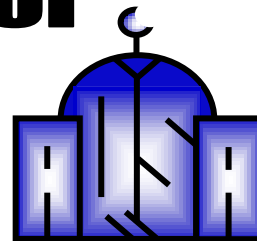


Welcome to Aqsa School Home of the Legends



7361 W 92nd Street
Bridgeview, IL 60455
(708)598-2700
www.aqsa.edu

All fields are required to be completely filled out in order for the application to be processed.

All students must submit:

- ☐ Tuition Agreement
- ☐ Registration fee
- ☐ Graduation fee (KG, 8th, 12th Grades)
- ☐ Resource Fee
- ☐ Lab Fee
- ☐ Parent's Driver's License

New students must submit (in addition to the above):

- ☐ ISBE transfer form
- ☐ School records request form
- ☐ Copy of birth certificate
- ☐ Transcript/report card from previous school of attendance
- ☐ Placement exam/Interview date _____
- ☐ Discipline record
- ☐ Pertinent medical records: Physical (include immunization), Vision, Hearing, Dental

Due prior to acceptance:

- Physical: KG, 6th, 9th grades and New Students
- Dental : KG, 2nd, 6th grades and New Students
- Vision: KG and New Students
- Hearing: All New students
- ☐ All Standardized testing scores

For office use only:

Completed application received on: _____

Confirmation letter mailed: _____

☐ New ☐ Returning ☐ Paid _____ ☐ CK/CREDIT CARD/MO# _____

Administration Initial: _____ Date: _____



Aqsa School Student Registration Form

Year ____ / ____

PARENTAL INFORMATION

FATHER:	MOTHER:
ADDRESS:	ADDRESS:
CELL:	CELL:
FATHER'S NATIONALITY:	MOTHER'S NATIONALITY:
FATHER'S OCCUPATION:	MOTHER'S OCCUPATION:
HIGHEST EDUCATION COMPLETED:	HIGHEST EDUCATION COMPLETED:
FATHER'S EMAIL:	MOTHER'S EMAIL:

STUDENT INFORMATION

	First Name	Middle Name	Last Name	Gender	Birth Date	Grade 2014 - 2015
Student #1						
Student #2						
Student #3						
Student#4						
Student #5						

HOUSEHOLD MEMBERS

NAME	MALE/ FEMALE	DATE OF BIRTH	RELATIONSHIP TO STUDENT	SCHOOL	GRADE

AUTHORIZED DROP OFF/PICK UP

NAME	ADDRESS	PHONE	RELATIONSHIP TO STUDENT

EMERGENCY CONTACTS

NAME	1 st	2 nd	3 rd	4 th
ADDRESS				
PHONE				
RELATIONSHIP TO STUDENT				
AUTHORIZED TO PICK UP STUDENT	YES NO	YES NO	YES NO	YES NO

Family Status: ☐ married ☐ divorced ☐ separated ☐ widow ☐ widower

Student lives with ☐ Both Parents ☐ Mother only ☐ Father only ☐ Mother/Stepfather
☐ Father/Stepmother ☐ Other (relationship)_____

Annual Household income:

☐ under \$25,000 ☐ \$25,000-\$50,000 ☐ \$50,001-\$75,000 ☐ \$75,001-\$100,000 ☐ over \$100,000

Race/Ethnicity: (Check all that apply)

_____ Asian (original peoples of the Far East/Southeast Asia, Indian subcontinent)

_____ White (original people of Europe, Middles East, North Africa)

_____ African American (people from any black racial group in Africa)

_____ American Indian (original peoples of North/Central/South America)

_____ Native Hawaiian or Pacific Islander (original peoples of Hawaii, Guam, Samoa)

_____ Others _____

Did your child receive/have received any of the following services at the previous school?

ELL	Yes	No	504 Plan	Yes	No
Remedial Math	Yes	No	Behavior Modification	Yes	No
Remedial English	Yes	No	Has student been double promoted? If so, when _____		
Remedial Reading	Yes	No	Has student participated in other Special Education Services (OT/PT, DPT, Speech		
Current/Past IEP	Yes	No	Has the student ever repeated a grade? If so, which grade _____		

Physical Education Participation Acknowledgement

Please check one of the following statements in regard to your child's participation in the physical education program offered at Aqsa School:

- ☐ To the best of my knowledge, my child has **NO PHYSICAL CONDITIONS** which prevent him/her from participating in the physical education program offered in AQSA School.
- ☐ My child is **NOT ABLE TO PARTICIPATE** in the regular physical education program and requires activity medications. A Doctor's note and recommendation must be filled out by a physician and returned to the school before modifications can begin.
- ☐ As part of the curriculum of the school, I understand that the school will sometimes schedule activities outside of the classroom. These activities include field trips, school plays, contests, outdoor education etc. I hereby give my consent for my child to participate in all regularly scheduled activities both on/off school grounds.

Parent's/Guardian's Signature: _____ Date: _____

Permission Form for Prescribed Medication

PART 1: TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my child, _____, in _____ grade to receive the above stated medication at school according to standard school policy. I release the Aqsa School Board and its employees from any claims or liability connected with its reliance on this permission. I understand that I must bring the medication in its original container and check it in with the front office and I must pick up the medication once this permission expires or at the end of the school year. I understand that any medication left at the school past this time will be disposed of.

Parent/Guardian's Signature _____

Relationship to Student _____ Date _____

Daytime phone number _____ Alternate phone number _____

PART 2: TO BE COMPLETED BY ATTENDING PHYSICIAN

Name of medication _____

Reason for medication (diagnosis) _____

_____ Start Date: _____ Date form and medication received Other _____

_____ Stop Date: _____ End of school year Other _____

Form of medication/treatment:

☐ Tablet/Capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer Other _____

Instructions for administration of medication:

Dosage _____ Time(s) _____

Restrictions and/or possible side effects:

☐ No restrictions ☐ Yes, please describe _____

Special storage requirements: ☐ None ☐ Refrigerate Other _____

Physician's Signature _____

Physician's Printed Name _____

Address _____

Phone _____ Date _____

FOR SELF-ADMINISTRATION ONLY

AQSA School permits a student to possess and self-administer asthma or anaphylaxis medication at school and at school-related functions upon completion of the following information by the parent/guardian and the student's physicians and waiver of liability by the parent/guardian.

This student has been instructed on self-administration of this medication: to be completed for asthmatic, diabetic or severe allergic reaction (anaphylaxis) ONLY

☐ No ☐ Supervision Required ☐ Supervision Not Required

This student may carry this medication: ☐ No ☐ Yes

Please indicate if you have provided additional information:

☐ On the back side of this form ☐ As an attachment

Physician's Signature _____ Date _____

Request to Obtain Student Records

Date: _____

To school: _____

Address: _____

City: _____ State: _____ Zip _____

Phone # : _____ Fax #: _____

In accordance with the enacted Federal Family Educational Rights and Privacy Act, we are hereby submitting a signed release and request that the following records, of _____ who was in _____ grade, and who has transferred to

Aqsa School, to be forwarded as soon as possible. Thank you.

- _____ 1. Academic Records
- _____ 2. Attendance Records
- _____ 3. Health Records / Certificates
- _____ 4. I.E.P. Reports (Individualized Educational Program)
- _____ 5. Psychological Reports
- _____ 6. Staff conference Reports
- _____ 7. Individual Evaluation Reports
- _____ 8. Others _____

Please send to: Aqsa School

Attention Registrar

7361 West 92nd Street

Bridgeview, IL. 60455

Phone # (708)598-2700

Fax # (708)598-2731

Signature of Registrar: _____

Signature of Parent / Guardian: _____ Date: _____