



SALAM ACADEMY

Faith, Character & Excellence In Education

A FULL TIME ISLAMIC PREK - HIGH SCHOOL

1515 Blake Dr Richardson Tx 75081. PH: 972-704-4373 FAX: 972-364-1202

www.salamfoundation.us



In the name of Allah the Most Merciful and the Most Beneficent.

Assalamu-Alaikum Dear Parents,

"A father gives his child nothing better than a good education (intellectual and moral)"- Tirmidhi

We know that you have a choice in selecting the right school for your beloved children. Thank you and Congratulations on choosing Salam Academy for your child. This registration package has been carefully designed to acquaint you with our school and includes information to assist you as you carefully consider the educational opportunities available for your children.

The pursuit of quality education for your child is an obligation. The choice of an Islamic school is an important one. At Salam Academy, our constant endeavor is to offer opportunities for each student to grow academically, spiritually, socially and physically. We at Salam Academy work very hard to achieve these great goals. Salam Academy follows the State of TX TEKS curriculum for Math English, Science, Social Studies, Technology, and other contemporary subjects. Being an Islamic School we have additional subjects on Islamic Studies, Quran, Arabic with a lot of emphasis on Tarbiah. This balance of contemporary school education in tandem with Islamic Education for a reasonable cost makes Salam Academy a unique and the only Islamic Magnet School nationwide till this day offering such services in USA.

The progress of our students is a continuous source of pride for us as we see them performing very well compared to other students locally, statewide, and nationally. Alhamdu-Lillah. For the past several years all our students passed Texas TAKS/STAAR tests making Salam Academy an Exemplary School. Alhamdulillah our students also take the National CTBS tests and the results speak about the quality of our education.

This academic year, we continue to focus on enriching and diversifying the curriculum offerings. We will achieve this by reinforcing our regular curriculum with a wide array of extra school activities to stimulate learning and discovery.

- ★ We have moved to a new, bigger and better facility and will be upgrading our infrastructure including but not limited to state of art Science labs, expanding the current computer lab, addition of high tech teaching aids, etc.
- ★ We already have an option for Hifz program integrated in our syllabus for students and parents wishing to enroll in Hifz-Ul-Quran, but also have added after school academic program for full time Hifz Students.
- ★ Salam Academy participates in many academic competitions such as Science Fair, PSIA, Quran and Islamic Education Contests. These contests may be Local, County, State, and/or National Level.
- ★ We now prepare our students for the High School Collegiate and Dual Credit program in collaboration with Richland Community College.

Our well trained dedicated team welcomes you and your child (ren) to Current Academic year at Salam Academy. We hope this will be the best experience for you and your family Inshallah!

Salam Academy recruits and admits students of any race, color gender or ethnic origin to all its rights, privileges, and activities. In addition, the school will not discriminate on the basis of race, color, gender or ethnic origin in the administration of its educational programs and athletics extracurricular activities. The school will not discriminate on the basis of race, color, gender or ethnic origin in the hiring of its certified or non-certified personnel.



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Automatic Payment Form 2016 – 2017

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Parent/Guardian/Sponsor Name: _____

Phone: Home: _____ Work: _____

Total Amount (Tuition Fees/Books, etc.): _____ Monthly Amount: _____

X Signature: _____ Date: _____

I give permission to Salam Academy to withdraw tuition fees and other charges related to the above student(s) from my account each month. I will submit written approval of changes or termination within reasonable time to adjust the records accordingly.

Credit Card Payment:

*Card#: _____

*Expiration Date: _____

*CVV CODE _____

*Name (as it appears on the card): _____

*Billing Address: _____

*Phone number: _____ *E-Mail Id: _____

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Salam Academy Student Registration

Student Information				
<u>Last Name</u>	<u>First Name</u>	<u>DOB</u>	<u>Gender</u>	<u>Grade</u>
<u>Address</u>	<u>City</u>	<u>Zip</u>	<u>Place of Birth(City, State, Country)</u>	
Previous School Information				
<u>Name of last school attended</u>	<u>City</u>	<u>State</u>		
Has your child been suspended for aggressive behavior? <input type="checkbox"/> Yes <input type="checkbox"/> NO		Special Programs: Check all that apply		
Has your child EVER been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> NO				
Has your student ever repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> NO If Yes which Grade		<input type="checkbox"/> SpEd <input type="checkbox"/> Resource <input type="checkbox"/> 504 <input type="checkbox"/> Speech		
Parent/Guardian Information				
RESIDENCE- Where is your child/family currently living?				
<input type="checkbox"/> In a single family permanent residence (house, apartment etc) <input type="checkbox"/> Sharing housing <input type="checkbox"/> Motel/Hotel				
Student lives with (Check only ONE)				
<input type="checkbox"/> Mother/Father in same home Annual(yearly) Income:				
<input type="checkbox"/> Mother/Father in separate homes (please include BOTH parents information below) <input type="checkbox"/> Mother <input type="checkbox"/> Father				
Is a Custody Order in place? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Legal Guardian Other \$ _____				
Parent/Guardian Full Name	Relationship to Student	Home Phone	Work Phone	Cell Phone
		Carrier		
Address		City	Zip	
Parent/Guardian Full Name	Relationship to Student	Home Phone	Work Phone	Cell Phone
		Carrier		
Address		City	Zip	
Parent/Guardian Full Name	Relationship to Student	Home Phone	Work Phone	Cell Phone
		Carrier		
Address		City	Zip	
Emergency Contacts				
(In Case of Emergency, Student Will be Released to Parents/Guardians Listed Above or the Following Contacts)				
Name	Relationship to Student		Cell Phone	
Name	Relationship to Student		Cell Phone	
Name	Relationship to Student		Cell Phone	
IN CASE OF EMERGENCY, IF I OR THOSE DESIGNATED CANNOT BE REACHED, I GIVE PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT.				
PARENT SIGNATURE:		DOCTOR'S NAME:		PH. #

Student Last Name: _____

First Name: _____

Grade: _____

ID: _____

Student ID: _____

Home Language Survey

1. Which language did your son/daughter learn when he/she first began to talk? _____

2. Which language does your son/daughter most frequently use at home? _____

3. Which language do YOU use most frequently to speak to your son/daughter? _____

4. Name the language most often spoken BY THE ADULTS at home. _____

5. What COUNTRY was your child born? _____

If your child was NOT born in the United States:

How many years of education BEFORE arrival in US? _____

Date of Arrival in the US: _____

Date first entered school in the US _____

Parent Education/Occupation

Mother: Please check the response that describes your education

- Not a High School Graduate
 High School Graduate
 Some College or Associate's Degree
 College Graduate
 Graduate Degree or Higher
 Unknown/Decline to state

Mother's Occupation _____

Father: Please check the response that describes your education

- Not a High School Graduate
 High School Graduate
 Some College or Associate's Degree
 College Graduate
 Graduate Degree or Higher
 Unknown/Decline to state

Father's Occupation _____

Student Health Information

Please Check all that Apply:

- No Problems
 Allergy (Please list) _____
 Asthma
 Diabetes
 Seizures
 Hearing
 Glasses
 ADD/ADHD
 Medications (of any Kind) _____
 Other _____

Release of Student Information

The school does not release information or records concerning your child to non-educational organizations or individuals without your consent. There are a few organizations associated with Salam Academy, such as the PTO and PSIA, which have a continuing need for name and addresses of students they represent. Examples of organizations and types of information are: activities, the winning or scholastic or other honors and awards and other information. PTO ROOM MOTHERS names addresses and telephone numbers of students they represent. This also serves as a release to use your child's picture image on the school information system

Your consent is required for the release of such information. Please Initial here for you consent: _____

Other Children Enrolled at Salam Academy or Preschool

Name:	Name:	Name:	Name:	Name:
Grade:	Grade:	Grade:	Grade:	Grade:
DOB:	DOB:	DOB:	DOB:	DOB:

Enrollment Agreement

I hereby place my confidence in the ability of the administration and staff of Salam Academy to perform the educational function due to my student at their discretion.

I agree to accept all regulations of the school on the applicant's behalf and authorize Salam Academy to employ such discipline, as it deems wise and expedient for my student. I realize that occasionally children may make an issue with actions that they do not agree with and that they are prone to take teacher criticisms out of context. I pledge that if this should occur, I will seek to clarify the matter with the teacher and / or Principal first. If necessary, I will correct my student and will support the school personnel. I will follow the same procedure for any school incidents that may occur.

I pledge to build a strong relation with my student's teachers and aid in the training of my student by providing an Islamic example at home, supporting the spiritual training of the school, following through with any work assignments or slips to be signed, ensuring that my student arrive(s) at school on time, sending in written excuses for absences or tardiness, teaching my student to respect school property, and attending all events/meetings for parents.

Unless otherwise stated in the enrollment form, I give permission for my student to take part in all school activities, including sports and school sponsored field trips away from or on the school premises.

I understand that the school policies are available for review on request at the school office. I agree to comply with school policies and procedures as may be amended from time to time.

Tuition and Other Dues: I agree and commit to make prompt payments as stipulated in the attached "Fees Schedule" with applicable penalties for late payments. I further understand that my student may not be allowed to attend class due to delinquent payments at the discretion of the school administration. Upon leaving the school all book fees, tuition to date, must be paid in full for Salam Academy to release records to another school, public or private.

All new students are on probation for first three months.

Parent Signature: _____

Date: _____