AL-QALAM ACADEMY

APPLICATION FOR ADMISSION

6666 COMMERCE ST. SPRINGFIELD VA-22150

(ELEMENTARY-MIDDLE & HIGH SCHOOL)

WEBSITE—www.alqalamusa.org Email -darulhudaoffice@gmail.com ph - 7039246000

STUDENT INFORMATION			
STUDENT (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	
STREET ADDRESS	CITY	STATE	ZIPCODE
HOME PHONE	CELL PHONE	MALE / FEMALE	
DATE OF BIRTH	PLACE OF BIRTH	PRIMARY LANGUAGE	OTHER LANGUAGE

GUARDIAN(S) INFORMATION		
FATHER'S FULL NAME (MALE GUARDIAN)		EMAIL ADDRESS
ADDRESS(IF DIFFERENT FROM THE STUDENTS ADDRESS)		
HOME PHONE	CELL PHONE	WORK PHONE
OCCUPATION	NAME OF COMPANY	
MOTHER'S FULL NAME (FEMALE GUARDIAN)		EMAIL ADDRESS
ADDRESS(IF DIFFERENT FROM THE STUDENT'S ADDRESS)		
HOME PHONE	CELL PHONE	WORK PHONE
OCCUPATION	NAME OF COMPANY	

EMERGENCY CONTACT(OTHER THAN GUARDIAN'S)

EMERGENCY CONTACTS ARE AUTHORIZED TO PICK UP STUDENTS FROM SCHOOL WITHOUT PRIOR WRITTEN PERMISSION FROM PARENTS

NAME _____ RELATIONSHIP _____ CONTACT NO._____

NAME _____ RELATIONSHIP _____ CONTACT NO._____

MEDICAL INFORMATION

HAS THIS STUDENT EVER HAD ANY PSYCHOLOGICAL TESTING OR SCREENING DONE FOR ACADEMIC DIFFICULTIES OR LEARNING DISABILITIES? YES/NO?
IF YES, EXPLAIN _____
ANY HEALTH CONCERNS (ALLERGIES, ASTHMA, SURGERIES, DISEASES)?

_____
REQUIRED PRESCRIPTION OR MEDICATION? _____
PHYSICIAN NAME _____ PHONE_____
INSURANCE POLICY_____

PREVIOUS SCHOOL INFO

HAS THE APPLICANT EVER ATTENDED AL-QALAM? Y / N If YES,

GIVE DATE(s) _____

REASON LEFT_____.

HAS YOUR CHILD BEEN SUSPENDED OR EXPELLED FROM A SCHOOL? Y / N

IF YES, PLEASE EXPLAIN _____

LAST GRADE COMPLETED_____

SCHOOL ADDRESS _____ CITY_____STATE ___
ZIP CODE _____ PHONE NUMBER _____

ARABIC/ QURAN EXPERIENCE (FOR PLACEMENT PURPOSE) CIRCLE ONE-

ARABIC: NO/LITTLE KNOWLEDGE/ TAKEN CLASSES / NATIVE SPEAKER

QURAN: NO/LITTLE KNOWLEDGE / MEMORIZED HOW MANY SURAH(S) #_____

EXPLAIN EXPERIENCE FURTHER (IF ANY) :-_____

APPLICATION CHECKLIST

APPLICATIONS WILL NOT BE REVIEWED FOR ADMISSIONS UNTIL ALL OF THE FOLLOWING ARE SUBMITTED/COMPLETED: THIS APPLICATION FORM IS FILLED OUT COMPLETELY AND ACCURATELY.

1. **$150 NON-REFUNDABLE APPLICATION FEE SUBMITTED TO THE OFFICE WITH THIS APPLICATION FORM. (FOR NEW ADMISSION)**
2. **COPY OF BIRTH CERTIFICATE.**
3. **CURRENT VA HEALTH FORM WITH UPDATED IMMUNIZATION RECORD (COMPLETED BY PHYSICIAN).**
4. **A COPY OF THE MOST RECENT REPORT CARD.**
5. **THE APPLICANT'S OFFICIAL TRANSCRIPT FROM THE PREVIOUS SCHOOL (IF APPLICABLE).**
6. **STANDARDIZED TEST RESULTS (IF APPLICABLE).**
7. **A COPY OF A PASSPORT-SIZE PHOTO OF THE APPLICANT.**

ENROLLMENT IS LIMITED…. APPLICATIONS WILL BE REVIEWED ON A ROLLING BASIS AS SPACE PERMITS; THEREFORE, SUBMIT ALL PAPERWORK AS SOON AS POSSIBLE TO RESERVE A SPACE FOR YOUR CHILD. A STANDARD PLACEMENT TEST, AND/OR STUDENT INTERVIEW WILL BE CONDUCTED (AS REQUESTED) BEFORE A FINAL ADMISSIONS DECISION IS MADE.
AL-QALAM ACADEMY'S OPEN ADMISSIONS POLICY DOES NOT DISCRIMINATE BASED ON RACE, GENDER, SEXUAL ORIENTATION, ETHNIC ORIGIN, OR SIMILAR FACTORS. APPLICANTS OF ALL RACES AND CREEDS ARE WELCOMED AT THE AL-QALAM ACADEMY.

IMPORTANT: - BE SURE TO NOTIFY THE MAIN OFFICE OF ANY CONTACT INFORMATION CHANGES AS SOON AS THEY TAKE EFFECT (CHANGE OF ADDRESS, PHONE NUMBER, EMAIL ADDRESS, ETC.)
EMAIL: - DARULHUDAOFFICE@GMAIL.COM
PHONE: - 7039246000

VOLUNTEER REQUIREMENT

EACH GUARDIAN WILL BE REQUIRED TO COMMIT TO AT LEAST 30 - 40 HOURS OF VOLUNTEERING FOR AL-QALAM PER YEAR. PARENTS WHO CANNOT MAKE THE TIME COMMITMENT WILL BE REQUIRED TO DONATE ANY AMOUNT IN LIEU OF THE HOURS.

OFFICE USE ONLY:-

DATE RECEIVED: ___ COMPLETED: ___ TUITION AGREEMENT: Y / N

FEES – APP: _____ REG: _____ RES: _____TRANSCRIPT: _____ BIRTH CERT: _____
TEST RESULTS: _____PLACEMENT TEST – L.A: _____ MATH: _____
REQUIRED – Y/N - RECOMMENDATION: _____ INTERVIEW: _____

Name - _____

Grade—_____

AQA TUITION INFORMATION & AGREEMENT	ALL FEES ARE NON-REFUNDABLE
➢ APPLICATION (NEW ADMISSIONS ONLY)	$150 (NON-REFUNDABLE)
➢ ACTIVITY/RESOURCE & BOOK FEE	$500 (DUE ON THE FIRST DAY OF SCHOOL)
➢ SIBLING TUITION DISCOUNT (ALWAYS APPLIED TO LOWER TUITION RATE)	2ND CHILD-10% 3RD OR MORE-20%
➢ EC-PRE-KINDERGARTEN	$10,000/YEAR - $1,000/MONTHLY
➢ KINDERGARTEN	$9000/YEAR - $900/MONTH
➢ GRADES 1ST-8TH	$7000/YEAR - $700/MONTH (EXISTING STUDENT) $7500/YEAR - $750/MONTHLY- (NEW ADMISSION)
➢ 9-12 IN PERSON	$7000/YEAR - $700/MONTH (EXISTING STUDENT) $7500/YEAR - $750/MONTHLY- (NEW ADMISSION)
➢ 9-12 (ONLINE SCHOOL)	$6000/YEAR - $600/MONTH RESOURCE FEE - $200
➢ TRANSPORTATION FEE (LIMITED AREA)	$200 - EACH WAY PER CHILD
➢ AFTERCARE FEE (FROM 3:15 PM TO 5 PM)	$400/MONTHLY PER CHILD

LATE PICKUP & EARLY DROP-OFF—EXTRA CHARGE $10 FOR EVERY 10 MINUTES

PAYMENT AGREEMENT

- ☐ The Tuition Fee and/or Transportation Fee (if applicable) can be paid by one of the following options only.
- ☐ All payments and fees are non-refundable according to the Al-Qalam payment policy.
- ☐ Please choose one. Pay in full. Pay monthly with a credit card.
- ☐ 10 post-dated checks, Amount: $_____

CREDIT CARD INFORMATION

_____-_____-_____-_____EX_____/_____CVV_____

NAME ON THE CARD _____ ZIP CODE_____

All Payment Information must be provided in advance at the beginning of the school year. Each check or Credit Card will be deposited or charged by the 3rd of the month. A $35 fee will be charged for any returned check. I must update Al Qalam with any changes to my contact information. Failure to follow the selected payment plan may result in my child's expulsion or denial of readmission. A 30-day notice is required for early withdrawal to avoid collection actions. I will cover all related costs if legal or collection services are needed. I authorize Al-Qalam to verify my financial information. By signing, I confirm my understanding of this agreement and the school's financial policies

PRINT NAME—_____ SIGN. & DATE_____