

Welcome to **UNIVERSAL SCHOOL**



STUDENT REGISTRATION PACKET

This packet is part of your child's permanent academic record .

All information must be completed, dated and signed.

Thank you for your interest in Universal School

Mrs. Hanan Abdallah, Principal



2014-2015 New Student(s) Registration Form

Family Information

Family Name				Home Phone	
Home Address			City		Zip Code
Mother's Full Name		Birth Place	Nationality		Occupation
Cell Phone		Work Phone			Email Address
Father's Full Name		Birth Place	Nationality		Occupation
Cell Phone		Work Phone			Email Address
Guardian's Name (If not both Parents)			Cell Phone		Work Phone
Guardian's Address (If not both Parents)			City		Zip Code

Student Information

Student Name	Gender	S.S.#	Birthdate	Entering Grade	Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	Reg. Amount Due: \$
Student Name	Gender	S.S.#	Birthdate	Entering Grade	Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	Reg. Amount Due: \$
Student Name	Gender	S.S.#	Birthdate	Entering Grade	Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	Reg. Amount Due: \$
Student Name	Gender	S.S.#	Birthdate	Entering Grade	Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	Reg. Amount Due: \$
Student Name	Gender	S.S.#	Birthdate	Entering Grade	Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	Reg. Amount Due: \$
					Total Registration Amount	\$

Emergency Information

List names and addresses and phone numbers of two relatives or friends not living with you to be contacted in case of emergency in school. The children would be allowed to go with them to their homes in the event the parents cannot be reached.

NAME	ADDRESS	PHONE NUMBER

Assessment Calculation

School's operations and program is done through the collection of tuition, assessment and generous donations. Families are required to pay an additional assessment based on the family income.

(Check One for the Assessment Calculation)

Family Annual Income

\$ 75,000.00 or less <input type="checkbox"/>	\$ 100,001.00 - \$ 125,000.00 <input type="checkbox"/>
\$ 75,001.00 - \$ 100,000.00 <input type="checkbox"/>	\$ 125,001.00 - \$ 150,000.00 <input type="checkbox"/>
	\$ 150,001.00 or more <input type="checkbox"/>
Assessment:	<input type="checkbox"/> Added to Tuition <input type="checkbox"/> I will pay separately

Fees Due at Registration per Child (New Students Only)

Grade	Amount Due	Grade	Amount Due	Grade	Amount Due
PK-3 & PK-4 F/T	\$ 1,200.00	8th Grade- Boys	\$ 466.00	11th Grade- Boys	\$ 371.00
PK-3 & PK-4 P/T	\$ 940.00	8th Grade- Girls	\$ 636.00	11th Grade- Girls	\$ 541.00
KG	\$ 593.00	9th Grade- Boys	\$ 386.00	12th Grade- Boys	\$ 437.00
1st & 2nd Grade	\$ 560.00	9th Grade- Girls	\$ 556.00	12th Grade- Girls	\$ 487.00
3rd-5th Grade	\$ 580.00	10th Grade- Boys	\$ 383.00		
6th & 7th Grade- Boys	\$ 610.00	10th Grade- Girls	\$ 553.00		
6th & 7th Grade- Girls	\$ 780.00				

Remaining Balance

Payment Plan (Smart Tuition):	<input type="checkbox"/> Full	<input type="checkbox"/> 3 Payments	<input type="checkbox"/> 4 Payments	<input type="checkbox"/> (10) Monthly Payments
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Signature: _____

Date: _____

Mrs. Hanan Abdallah, Principal

RELEASE FORMS

NAME OF STUDENT: _____

(1) EMERGENCY MEDICAL CARE

I/We authorize Universal School staff or designated agent to secure Emergency Medical Care for my child when we cannot be reached at the time of emergency. I/We will be responsible for the medical charges incurred. The name, address and phone of my child's doctor is on file at Universal. I understand that my child may be transferred to a nearby emergency facility by public safety officers or staff or agents of Universal School.

Parent's signature

Date

Relationship to Child _____

(2) TRIPS, EXCURSIONS, FIELD TRIPS, WALKING TO MASJID

I/We authorize Universal School, its staff or agents to take my child on walking trips, excursions, field trips and cross to the Masjid for prayer or lectures. I/We authorize my child to ride in any vehicle owned or leased by the school, its agents or staff.

Parent's signature

Date

Relationship to Child _____

(3) PHOTOGRAPHY

I/We authorize Universal School, its agents or staff to photograph or videotape my child for use in presentations, promotions, and educational activities without compensation.

Parent's signature

Date

Relationship to Child _____

Mrs. Hanan Abdallah, Principal

**Parent Authorization and Permission for
Administration of Medication**

Name of Student

Grade

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Universal School and its employees and agents, on my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School), lawfully prescribed medication in the manner described above.

I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against Universal School, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify Universal School, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

I am requesting that the above named student take the following medication during school hours.

Name of Medication	Type of Medication (Tablet, liquid or capsule)
_____	_____
Dosage	Time(s) to be given
_____	_____

Possible Side Effects

I will inform the school about any over the counter or prescribe medication that my child might be using later during any time in the school year.

Parent's Signature

Universal School 7350 W 93rd Street, Bridgeview, IL 69455
(708)599-4100 Fax (708)599-1588

Mrs. Hanan Abdallah, Principal

STUDENT REQUEST FOR THE LOAN OF TEXTBOOKS

I hereby request the loan of school textbooks in accordance with Public Act 84-469 of 1981. I understand that this request will remain valid so long as my son/daughter is enrolled in Universal School and that I may at any time withdraw that request.

_____ in _____, _____ County
Name of School town or city

Student

Student, parent, guardian

Mrs. Hanan Abdallah, Principal

Dismissal Procedure Notification
Pk-4th grade Students

The safety of your child is of the utmost importance at Universal School. In order to ensure your child's security we request that you fill in the form below to notify the school of the procedure in which you would like your child to be dismissed. Please return this form with your child to his/her teacher. This form will remain on file and teachers will follow the dismissal procedure that you choose.

Child's Name	Grade	Home Teacher

Parent's Name: _____

Check from the following dismissal procedures which you would like the school to follow:

- I will come to pick up my child at 3:30 pm. Retain my child under school supervision until 3:45 pm for an adult to pick him/her up from the teacher.
- I am unable to leave my automobile. Please dismiss my child at 3:30pm to meet me at the front of the school. (Please note that the car must be visible to the teacher from the dismissal area, in order to ensure the safety of your child.)
- My child will be walking home. Please dismiss my child at 3:30pm to walk home. **(Please note that the child must be in 4th grade or higher for approval by administration.)**
- My child will be picked up by a sibling. **(Please note that the child must be the oldest sibling and in fifth grade or higher.)**
- My child will be picking up a sibling in PK or KG. **(Please note that the sibling must be the oldest and in fifth grade or higher.)**

If special circumstances arise and you need your child to be picked up in a manner that is different from the one you have chosen, you must provide the teacher with written notification. We **CANNOT** accept the verbal notification for a young child's dismissal. **Unless we receive written notification, your child will be sent home in the usual manner. All children left unattended after 3:45pm will be placed in babysitting. Parents will be billed for the cost.**

Parallel parked cars or unattended cars may be towed at the owner's expense.

Parent Signature: _____ Date: _____

Mrs. Hanan Abdallah, Principal

TRANSPORTATION

I _____, the parent/guardian

of _____ grade _____, request Universal School to allow the following travel and pick up arrangements.

() *Carpool with the following families*

- 1- Name _____ Phone _____
Address _____
- 2- Name _____ Phone _____
Address _____
- 3- Name _____ Phone _____
Address _____

() *To ride with*

- 1- Name _____ Phone _____
Address _____
- 2- Name _____ Phone _____
Address _____
- 3- Name _____ Phone _____
Address _____

() *Certain days and other specific information are listed here*

Information in this form must be updated by parents as soon as the change occur.

Mrs. Hanan Abdallah, Principal

RULES AND GUIDELINES

Dear parents of: _____

In order to help the school carry out its mission of providing a quality academic and Islamic education as well as a safe environment for all students, all students must obey the rules of the school handbook. Please note the following rules concerning frequently asked questions by parents and/or students:

1. Students are advised to be in school by 8:20 a.m. and they must be in the gym for assembly by 8:20. Classes start at 8:30 a.m. **Students coming late to school will serve detention for every four tardies per quarter.**
2. **If a student is ill or for any reason must stay home, a parent must call the school office** at (708) 599-4100 between 7:30 and 8:00 a.m. (12:00 noon for afternoon absences). A Doctor or parent's note must accompany the student the next day. If a student is absent for two or more days due to illness, only a physician's note is required for re-admittance to school.
3. School dismissal time is at 3:30 p. m. **Students are to be picked up on time.** Parents who are unable to pick up their children on time are expected to be in contact with relatives, friends or emergency back up to take over the picking up of their children.
4. **Students must have their lunch arranged before they come to school.** The student ***will not be allowed to use the phone for lunch*** to be delivered or to receive lunch money. Any student coming to school without lunch will be given some crackers from the office to hold him/her through the end of the day.
5. **Students are to be in uniform at all times during school hours.** Students coming to school out of uniform will be sent home immediately.
6. **Students are not allowed to use the school phone except in emergency situations.**
7. **Parents must arrange with the administration in advance if they wish to visit the classroom.** Any drop off or miscellaneous issues should be raised with the office so it would not interrupt the classroom instruction.
8. **Changes of home or work phone number, address, emergency contact or emergency phone number** should be made known to the office as soon as the changes occur.
9. All permission slips and expenses for field trips or other activities that require a signed permission from parents must be completed and sent with students. **NO CHILD** can attend without the required permissions and signatures. No exception will be made.
10. **Parents are obligated to pay tuition, fundraising and other fees obligation.** School policy requires that report cards, transcripts, test scores, and other academic records will be withheld, and students will not be allowed to graduate or take their final exams until all tuition and fees are paid in full. All delinquent accounts from previous years must be paid in full before a student is permitted to register for the following school year. Failure to make payments will result in student being removed from the school. The School reserve the right to collect all balance thru any other available ways or means.
11. **Other rules** as stated in the school handbook or letters also apply.

I have read and understood that the above rules will be enforced by Universal School staff to ensure the safe and educational environment of the School.

(Parent/Guardian Signature)

(Date)

A copy has been kept in the student record

Mrs. Hanan Abdallah, Principal

TUITION AND FUNDRAISING ASSESSMENT AGREEMENT

I/We hereby register each child listed below for the grade level indicated. I agree to pay all charges in accordance with the tuition and fundraising assessment and fee schedule as attached hereto.

You can choose 3 payment plans:

1. Plan A (3 payments):

I agree to pay all sums as follows:

- Registration and book fees due at registration
- 1/3 Tuition due 8/10/14 to Smart
- 1/3 Tuition due 11/10/14 to Smart
- And balance of tuition and fundraising obligation due 2/10/2015.

2. Plan B (4 payments):

I agree to pay all sums as follows:

- Registration and book fees due at registration
- 1/4 Tuition due 8/10/14 to Smart
- 1/4 Tuition due 11/10/14 to Smart
- 1/4 Tuition due 2/10/15 to Smart
- And balance of tuition and fundraising obligation due 4/10/2015.

3. Plan C (10 Monthly payments):

I agree to pay all sums as follows:

- Book fees and registration fees are due at time of registration
- Monthly payment by the 10th of each month starting August 10th
- Fundraising obligation by November 10th, 2014
- Balance of tuition must be paid by May 10th, 2015

I agree that I am obligated to raise funds from ticket sales and donations no less than an amount equal to 10%, 20%, 30%, or 40% of my child/children's tuition, depending on my gross income. This sum will be added to my children's tuition if not raised at the time of the fundraising dinner. (Subject to Universal School Board review and approval).

I acknowledge that failure to make payments when due will result in my child/children's being removed from Universal School.

Students' records will be withheld for none payment.

STUDENT'S NAME(S)

GRADE

- _____
- _____
- _____

(Parent/Guardian Signature)

(Date)

**Orphan Support Fund
Information
2014-2015**

The Orphan Support Fund was created by the Fathers' club, to raise money for current Universal School students whose parent(s) passed away when the students were already enroll at Universal School. This fund will be covering the student's tuition expenses for the time he/she is attending Universal School with generous support from caring families like yourselves, these students will have the guarantee of an Islamic School education until they graduate.

We are asking for your cooperation by donating to this fund to make this effort possible.

Please check the amount that you are willing to donate:

\$ 10	<input type="checkbox"/>	Pay at registration	<input type="checkbox"/>	Include in my tuition	<input type="checkbox"/>
\$ 20	<input type="checkbox"/>	Pay at registration	<input type="checkbox"/>	Include in my tuition	<input type="checkbox"/>
\$ 30	<input type="checkbox"/>	Pay at registration	<input type="checkbox"/>	Include in my tuition	<input type="checkbox"/>
\$ 50	<input type="checkbox"/>	Pay at registration	<input type="checkbox"/>	Include in my tuition	<input type="checkbox"/>
\$ 100	<input type="checkbox"/>	Pay at registration	<input type="checkbox"/>	Include in my tuition	<input type="checkbox"/>
Other	<input type="checkbox"/> \$ _____	Pay at registration	<input type="checkbox"/>	Include in my tuition	<input type="checkbox"/>

Any donation towards this fund is tax deductible and a donation receipt will be issued to you for tax purposes.

School records release

**TO THE PARENTS
OF THE APPLICANT**

Please complete this school records release form
and return it with your completed application.

Applicant's Name

Grade

_____	_____
_____	_____
_____	_____
_____	_____

I grant permission to the proper authorities at:

NAME OF APPLICANT'S CURRENT SCHOOL

ADDRESS

To release a copy of the following of my child's record
To Universal School.

Academic Records

Attendance Records

Health Records/Certificates

I.E.P Reports (Individualized Educational Program)

Standardized Achievement Test scores

Teacher and/or counselor observations and comments

Record of extracurricular activities

Other _____

SIGNATURE

SIGNATURE OF PARENT OR GUARDIAN

DATE

**PLEASE SEND
RECORDS TO**

Universal School
Attention Registrar
7350 W. 93rd Street
Bridgeview, IL 60455
(708)599-4100 Fax (708)599-1588

"Where Islam and Education come Together"

This announcement must not be construed as re-admission until the administration reviews your child's records and a formal admission letter is granted. 13

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
ESL Home Language Questionnaire

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. Routine Uses: Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

THIS FORM IS COMPLETED AT THE TIME OF STUDENT ENROLLMENT

Child's Name: _____ Date: _____
Grade: _____ Date of Birth: _____ Age: _____

1. What language is commonly spoken in your home?
___ English ___ Another Language (Please specify): _____

2. Does the child you are registering speak a language other than English? (Excluding foreign languages studied in school.)
___ No ___ Yes If yes: What language is spoken? _____

3. What language did your child use when he/she first began to talk?
___ English ___ Another Language (Please specify) _____

4. Has your child attended English speaking schools?
___ No ___ Yes If yes: How many years? _____

5. What language does your child read and/or write?
___ English ___ Another Language (Please specify) _____

6. What language do you most often use when speaking with your child?
___ English ___ Another Language (Please specify) _____

7. What language does your child use most often when speaking to you?
___ English ___ Another Language (Please specify) _____

8. If your child is cared for by another person on a regular basis, what language is most often used?
___ English ___ Another Language (Please specify) _____

9. Do you as a parent need to communicate with the school in a language other than English?
___ No ___ Yes If yes, in what language? _____

Continued on the next page
DoDEA ESL Program Form F4 (BACK), March 2007

If based on the results of this questionnaire it is necessary to conduct an evaluation, I understand and give my permission for:

1. My child to be evaluated using a standardized language proficiency test and/or academic achievement test to determine whether he/she is eligible for English as a Second Language (ESL) services. Additional information may be collected from my child's teacher(s) and his/her school records.

AND

2. Annual Spring testing to measure my child's academic and English language progress if eligible for services.

I understand that the ESL Teacher will share the results of the assessments with me when testing is completed.

Parent Signature

Date

To be completed by ESL Teacher ONLY:

Recommendation: ___ Proficiency Testing ___ Records Review ___ No ESL Services Required

Signature of ESL Teacher: _____ Date: _____

Distribution: Original to Student's Cumulative File, Copy to ESL Teacher