AL-IMAN ACADEMY

Enrollment Form

Grade: _____ Start Date: _ _____ ST#: _____

STUDENT PERSONAL INFORMATION

STUDENT LEGAL NAME: Last, First, Middle, Lineage (exactly as shown on birth certificate)			**RESIDENCE OF STUDENT:** (Street and Apartment Number) ***(REQUIRED INFORMATION)*** AA _____
DOB:	**GENDER:**	**PREFERRED NAME:**	***(REQUIRED INFORMATION)*** **CITY:** **STATE:** *Virginia* **ZIP:**
PLACE OF BIRTH	**BIRTH COUNTRY:**		**PRIMARY/HOME PHONE#:**
ETHNICITY: *Are you Hispanic or Latino?* ☐ *Yes* ☐ *No* **RACE:** Select at least one: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White			**DOCTOR'S NAME:** **DOCTOR'S OFFICE PHONE:**
			DENTIST'S NAME: **DENTIST'S OFFICE PHONE:**

REQUIRED DATES FOR ALL STUDENTS:

DATE STUDENT ENTERED VA SCHOOLS: _____ **DATE STUDENT ENTERED US SCHOOLS:** _____

PARENT/GUARDIAN INFORMATION:

Please provide copies of all current court orders concerning custody and visitation of the student, including protective orders, if any.

CONTACT 1 GIVES PERMISSION TO AL-IMAN ACADEMY TO RELEASE THE HEREIN NAMED CHILD TO ANY OF THE CONTACTS LISTED BELOW.

(See Authorization to Pick Up statement below.)

CONTACT 1 must live with AND have custody of above-named student.

CONTACT 1 (Last Name, First Name):		**RELATION TO STUDENT:**
STREET & APARTMENT NUMBER: ***(REQUIRED INFORMATION)***		***(REQUIRED INFORMATION)*** **CITY:** **STATE:** *Virginia* **ZIP:**
EMPLOYER NAME:	**WORK PHONE#:**	**PRIMARY/HOME PHONE#:**
EMAIL ADDRESS:		**CELL PHONE#:** *Do you authorize Al-Iman Academy to send messages to this cell number, which may result in charges from your carrier?* ☐ *Yes* ☐ *No*

CONTACT 2 must live with OR have legal custody of above-named student. This contact ☐ **Lives with** and/or ☐ **Has Legal Custody** ***(Check all that apply)***

CONTACT 2 (Last Name, First Name):		**RELATION TO STUDENT:**
EMPLOYER NAME:	**WORK PHONE#:**	**PRIMARY/HOME PHONE#:**
EMAIL ADDRESS:		**CELL PHONE#:** *Do you authorize Al-Iman academy to send messages to this cell number, which may result in charges from your carrier?* ☐ *Yes* ☐ *No*

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EMERGENCY CONTACTS-should be available in case of an emergency (if primary contacts are **NOT** available)

EMERGENCY CONTACT 1: (Last Name, First Name):	RELATION TO STUDENT:
PRIMARY/HOME PHONE#:	WORK/CELL PHONE#:
EMERGENCY CONTACT 2: (Last Name, First Name):	RELATION TO STUDENT:
PRIMARY/HOME PHONE#:	WORK/CELL PHONE#:
EMERGENCY CONTACT 3: (Last Name, First Name):	RELATION TO STUDENT:
PRIMARY/HOME PHONE#:	WORK/CELL PHONE#:
EMERGENCY CONTACT 4: (Last Name, First Name):	RELATION TO STUDENT:
PRIMARY/HOME PHONE#:	WORK/CELL PHONE#:

PRE-KINDERGARTEN EXPERIENCE INFORMATION:

IF STUDENT IS ENROLLING IN KG, WHAT WAS THE STUDENT'S MOST RECENT PRE-KG EXPERIENCE? (*CHECK ALL THAT APPLY*)

☐ Head Start (1)	☐ Public Preschool (2)	☐ Private Preschool/Daycare (3)	☐ Dept. of Defense Child Dev Prg. (4)	☐ Family Home Daycare (5)	☐ No Preschool Experience (6)

Average weekly time in PK Program? ☐ No time in a formal or institutional Pre-K Program ☐ <15 hours ☐ 15-29 hours ☐ 30 or more hours

FOSTER CARE PLACEMENT INFORMATION: *Please complete Immediate Enrollment of Child in Foster Care form*

Is student in a Foster Care setting? ☐ YES ☐ NO	Name of State, County, City or Agency:

MILITARY CONNECTED STUDENT: *Please select one*

☐ **Student is NOT military connected**	☐ **Active Duty**: Student is a dependent of a member of the Active Duty Forces. *(Army, Navy, Air Force, Marine Corps, Coast Guard, the Commissioned Corps of the National Oceanic & Atmospheric Administration, or the Commissioned Corps of the US Public Health Services.)*	☐ **Reserve**: Student is a dependent of a member of the Reserve Forces. *(Army, Navy, Air Force, Marine Corps, or Coast Guard)*	☐ **National Guard**: Student is a dependent of a member of the Active or Reserve National Guard

EXPULSION AND CONVICTION/ADJUDICATION AFFIRMATION:

Prior to enrolling a child, pursuant to Code of Virginia Section 22.1-3.2, the parent must affirm whether this child has ever been (i) expelled from school attendance at a private school or in a public school division of the Commonwealth or another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person, and/or (ii) found guilty or adjudicated delinquent for any offense listed in subsection G of Code of Virginia Section 16.1-260 or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories. It is a Class 3 misdemeanor to make a materially false statement or affirmation under this section.

(i) By signing this form, I affirm that this child ☐ HAS ☐ HAS NOT been expelled from school attendance.

(ii) By signing this form, I affirm that this child ☐ HAS ☐ HAS NOT been found guilty or adjudicated delinquent for any offense referenced herein.

STUDENT SERVICES INFORMATION:

DOES THIS STUDENT HAVE A CURRENT IEP (INDIVIDUALIZED EDUCATION PLAN)?	☐ Yes ☐ No
HAS THIS STUDENT EVER HAD AN IEP (INDIVIDUALIZED EDUCATION PLAN)?	☐ Yes ☐ No

STUDENT SERVICES INFORMATION *(Continued)*:	
DOES THIS STUDENT HAVE A CURRENT 504 PLAN?	☐ Yes ☐ No
DOES THIS STUDENT RECEIVE ESL (ENGLISH AS A SECOND LANGUAGE) SERVICES?	☐ Yes ☐ No

PREVIOUS SCHOOL INFORMATION (Include ALL Schools your child may have attended):

Name of Last School	*Address of Last School*	*Phone# of Last School*

SIBLING INFORMATION
Please list the first and last name(s) of any siblings of this student that currently attend Al-Iman Academy

Sibling Last Name	*Sibling First Name*	*Current School Attending*

Section 22.1-264.1 of the *Code of Virginia* states that, "Any person who knowingly makes a false statement concerning the residency of a child…in a particular school division or school attendance zone . . .shall be guilty of a Class 4 misdemeanor and shall be liable to the school division in which the child was enrolled as a result of such false statements for tuition charges."

CAUTION:A student may attend a Al-Iman Academy only if he/she is living in Henrico County with a natural parent, a person having legal custody by court order, or a court appointed guardian, and the student carries on the normal activities of daily living at the residence of that person (i.e., eating, sleeping . . .).

Authorization to Pick Up: By signing this form, I authorize Al-Iman Academy to release my child to the persons listed above as Contacts and Emergency Contacts. I understand that no other authorization will be necessary for the persons named to leave school property with my child. I also acknowledge that the persons listed herein are authorized to have lunch with my child. I understand that this list of authorized contacts will remain until a change is submitted to the student's current school on the appropriate form and will require two (2) business days to take effect. I also understand that all persons listed must be at least 18 years of age.

I hereby give Al-Iman Academy Office of Residency Compliance consent to obtain information about me and my children to verify residency in Henrico County from other governmental agencies and entities, employers, landlords, and utility companies.

_____ _____

Parent/Guardian (Contact 1) Signature: _____ Date: _____

(Must be signed in the presence of a school official)