



Islamic Academy of Riverside

www.islamicacademyofriverside.org

1038 W Linden St. Riverside, CA. 92507, Phone: 951-682-1202, Fax: 951-226-3358, Email: iarsecretary@gmail.com

Welcome to the Islamic Academy of Riverside

Tuition Fees

Max 10
payments

	ANNUAL	MONTHLY INSTALLMENTS**
PRESCHOOL	\$6,000	\$600 /MONTH
KG	\$5,500	\$550 /MONTH
1 ST TO 8 TH GRADE	\$5,000	\$500 /MONTH
(\$50.00 DISCOUNT FOR EACH ADDITIONAL CHILD)		

Registration and Material Fees PER STUDENT

- **Registration** (before the first day of school) **\$150.00 per year**
- **Late Registration** (on or after the first day of school) **\$200.00 per year**
- **Materials** (books, materials, online resources, and state testing) **\$450.00 per year**
 - **Books - \$150**
 - **Supplies - \$100**
 - **State Testing - \$200**

*Parents are responsible for full yearly payment of tuition and all other fees. Pre-paid tuition is refundable with 30 days written notice. The Registration fee is non-refundable.

**For the Monthly Payment Plan, tuition is due the 15th of every month. The first tuition payment is due at the time of registration and all subsequent payments are due the 15th of the month.

**All tuition must be paid in full before May 20th.



STUDENT INFORMATION

Student Last Name		Student First Name		Middle Name	
Legal Name, if different		Student Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade
Current Street Address			City		Zip Code
Mailing Address, if different			City		Zip Code

FAMILY INFORMATION

Mother's/Guardian's Name (First and Last)		Father's/Guardian's Name (First and Last)	
Home Phone ()	Cell Phone ()	Home Phone ()	Cell Phone ()
Email Address		Email Address	

Please check the box that closely pertains to you : <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Some college (2 or 4 yr College or University) <input type="checkbox"/> Graduate school/Post graduate training <input type="checkbox"/> Declines to state or unknown graduate	Please check the box that closely pertains to you : <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Some college (2 or 4 yr College or University) <input type="checkbox"/> Graduate school/Post graduate training <input type="checkbox"/> Declines to state or unknown graduate
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STUDENT ETHNICITY

<input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino	STUDENT RACE (select one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Alaska Native
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OTHER CHILDREN LIVING AT HOME

Name (First and Last)	Date of Birth	Grade

EMERGENCY CONTACTS

Name _____ Phone Number _____
 Name _____ Phone Number _____

******PARENT/GUARDIAN SIGNATURE******

My signature certifies that all information provided on this form is accurate. I understand that changes in address, telephone numbers, and/or emergency information must be reported to the school for the safety of my child.

 Parent/Guardian Signature Date

OFFICE USE ONLY

DOCUMENTS VERIFIED: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunization record <input type="checkbox"/> Transcripts <input type="checkbox"/> Emergency Card <input type="checkbox"/> Home Language Survey <input type="checkbox"/> Handbook and Media Release Agreement <input type="checkbox"/> Tuition Contracts <input type="checkbox"/> Custody documents	<input type="checkbox"/> REGISTRATION COMPLETE
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Islamic Academy of Riverside
Student Health Information

Student Name _____

Birthdate _____ Age _____ Grade _____ Male Female

My child **does not** have any health issues at this time

If your child has health issues, please answer the following questions:

Does your child take medication on a routine basis? Yes No During school hours? Yes No If yes,

Name of medication _____ Name of Medication _____

Check the box and explain if your child has a history of or now has the following conditions or concerns

Asthma

Allergies

Seizures

Bees

Date of seizure _____

Foods _____

Type _____

Medication _____

Currently takes medication for seizures

Other _____

Lactose Intolerance

Physical Limitations _____

Special Equipment needed at home

Special Equipment needed at school

Heart/Cardiac Condition _____

Other Conditions _____

Diabetes Type 1 Type 2

- Has your child been hospitalized for diabetes? Yes No

If you, give date and explain hospital course: _____

- Can your child monitor his/her blood glucose level independently? Yes No

- Can your child tell if he/she is having symptoms of high or low blood glucose levels? Yes No

If yes, what are his/her symptoms? _____

- Has Glucagon ever been given to your child? Yes No Last given: _____

Is your child currently under a doctor's care for any of the above? Yes No

If yes: Doctor's name _____ Phone _____ Fax _____

Address _____

I hereby give permission to share information pertaining to the health of my child with school staff who need to know.

Parent/Guardian Signature _____ Date _____

CHILD DROP-OFF AND PICK-UP AUTHORIZATION

CHILD'S NAME (Please print) _____ Today's Date _____

Parent's Signature _____

NO ONE WILL BE PERMITTED TO PICK UP YOUR CHILD IF THEIR NAME IS NOT LISTED BELOW.
ALL PERSONS MUST HAVE AND SHOW THEIR PICTURE ID. MAKE SURE YOU LIST ALL ADULTS EVEN IF
YOU RESIDE IN THE SAME HOUSEHOLD.

PERSON(S) OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK UP AND/OR DROP OFF CHILD

1. Name _____

Cell Phone _____ Work Phone _____ Home Phone _____

Relationship: Grandparent Relative Family Friend Daycare Provider

2. Name _____

Cell Phone _____ Work Phone _____ Home Phone _____

Relationship: Grandparent Relative Family Friend Daycare Provider

3. Name _____

Cell Phone _____ Work Phone _____ Home Phone _____

Relationship: Grandparent Relative Family Friend Daycare Provide

4. Name _____

Cell Phone _____ Work Phone _____ Home Phone _____

Relationship: Grandparent Relative Family Friend Daycare Provide

Is there any court order restraining any person from this student? Yes No

If yes, please list the person's name and provide a copy of the court order:

The Islamic Academy of Riverside

SCHOOL INFORMATION FOR PARENT and STUDENT HANDBOOK 2024-2025 MANDATORY PARENT NOTIFICATION RECEIPT

(A form must be on file at each school/for each student)

Dear Parent/Guardian:

Please read and discuss the **Islamic Academy of Riverside INFORMATION FOR PARENT AND STUDENT HANDBOOK** on the IAR website with your child, for clarification of rules before you and your child sign below to acknowledge your understanding and agreement to abide by IAR rules and policies.

The handbook can be located at IAR website:

<http://islamicacademyofriverside.org/enrollment>

School Attendance Information – Please read and review with your student the Attendance Information section of this handbook. It is important for parents and students to know and understand the legal requirements for students to attend school each day the schools are open and in session. This section also very clearly defines what constitutes an excused absence from school.

Discipline Information – Please review the Discipline section of this handbook with your student. Your signature below indicates you have reviewed the Discipline information and discussed school rules with your student.

Media Release – IAR, IAR-PTO, teachers, and staff occasionally posts pictures on our website, school bulletin boards, class dojo, Instagram, or Facebook. These requests are often received on a spur of-the-moment basis, which makes it difficult to obtain immediate parental consent. Parental consent is requested for your student to be photographed/videotaped/recorded during the school year. Prior to posting pictures on the Internet, IAR will contact the parents to notify them or ask them.

As the parent or guardian, I hereby consent to my student's use of the Internet at school. I also agree not to hold the district responsible for materials acquired by the student on the system, for violations of copyright restrictions, users' mistakes, negligence, or any costs incurred by users.

Publishing Student Work/Photo/Name – Student work and photos may be published on the Internet for a world-wide audience via www.islamicacademyofriverside.org or other social media websites (including but not limited to Facebook, Instagram, YouTube, etc) with the consent of the parent/guardian.

Student's Name _____ Date of Birth _____ Grade _____

Please respond by checking the appropriate box:

Media Release

- Yes, I give** permission for my student to be photographed or videotaped. **(as outlined above)**
 No, I do not give permission for my student to be photographed or videotaped.

Publishing Student Work/Photo/Name

- Yes, I give** permission for the publication of my student's work, photo and name on the IAR web site and other IAR affiliated social media sites (including but not limited to Facebook, Instagram, YouTube, etc.)
 No, I do not give permission for the publication of my student's work, photo and name on the IAR web site and other IAR affiliated social media sites (including but not limited to Facebook, Instagram, YouTube, etc).

By signing I acknowledge that I have read, discussed and understand the *School Information for PARENT and STUDENT Handbook 2024-2025*, and I have reviewed the school discipline information in this booklet.

Parent/Guardian Signature

Student Signature

Date



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RELEASE OF RECORDS FOR INCOMING STUDENTS

<u>Name of Child(ren)</u>	<u>Gender</u>	<u>Grade</u>	<u>Date of Birth</u>

Please provide the name and address of the school your child(ren) attended prior to moving to The Islamic Academy of Riverside:

School Name: _____

Address: _____

Phone: _____

The above referenced child(ren) has/have been registered in the Islamic Academy of Riverside for the _____ school year. Please send any scholastic, medical, speech therapy and CST records you may have to the school your child will be attending.

Your prompt attention to this matter is greatly appreciated.

Signature of Parent or Guardian

Date



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REGISTRATION INFORMATION **“Some Commonly Asked Questions”**

- **What should I bring with me to registration?**

- Your child’s birth certificate (original preferred)
- Completed registration form
- Your child’s medical record which indicates that your child has been immunized according to state regulations.
- Court Documents – If applicable, please provide us with a copy of any custody, visitation, or restraining orders pertaining to your child.

Documents provided must have a date no greater than 60 days from date of registration. **All required documents must be presented at the time of registration in order for the school to complete the registration process.**

- **Do I need to provide Pre-school records?**

If your child is attending a preschool, please have them provide us with a statement on their letterhead, of your child’s academic progress to date.

- **What immunization/medical records are required?**

Please review both the Medical Records form and the Required Immunizations notice. Your physician’s signature is required. It is acceptable for your doctor’s office to attach a copy of your child’s immunization record, however, a signature or stamp from the physician’s office is required.

- **When are my student fees due?**

- **The first tuition payment is due at the time of registration** and all subsequent payments are due **the 15th of the month.**
- **Registration & Material Fees due at time of registration.**
- **All student fees are due by May 20th.**

- **Can I pay my tuition in installments?**

Yes, tuition can be paid in installments: Monthly, Bi-Monthly, Quarterly

- **Do I need to participate in the Parent-Teacher-Organization (PTO)?**

Yes, each parent is required to volunteer 10 hours per school year. Any incomplete hours will result in \$10 penalty per hour.