Enrollment Application

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| Student Information |
| Student Full Name: | Primary Language Spoken by **Student**: |
| Street Address: | Primary Language Spoken at home: |
| City: | Grade Sought: |
| Date of Birth: Gender: **M | F** | Place of Birth: |
| National Number(Iraqi Only) | Is **student** one of the following? (check one) Iraqi Citizen Has dual nationalities Non Iraqi Citizen Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Previous School: |
| Current Grade: |
| Current School: |
| I certify that the child I am enrolling at the IAI has not been previously expelled or received a long term suspension from school of more than 10 days, nor is expulsion/suspension pending.The above-named child that I am enrolling has been previously expelled/suspended from a school. I authorize access to all school records and further authorize communication with the school(s) listed below regarding this matter. I understand my child’s admission to the School will be at the discretion of the School Administration.  |
| **Parent Information** |
| Father’s Name: | Father’s Nationality:  |
| Address (if different than child’s): |
| Employer/Occupation: | Email Address: |
| Home Phone: | Work/Cell Phone: |
| Mother’s Name (Last, First): | Mother’s Nationality: |
| Address (if different than child’s): |
| Employer/Occupation: | Email Address: |
| Home Phone: | Work/Cell Phone: |
| With whom does the child live? Mother / Father / Both / Other | Marital Status: Single / Married / Divorced |
| **Student Sibling Information** |
| Sibling Name: | Enrolled here?Yes / No / Waiting List | Date of Birth: | School currently enrolled in: |
| Sibling Name: | Enrolled here?Yes / No / Waiting List | Date of Birth: | School currently enrolled in: |
| Will the child use school transportation  | Yes / No / Waiting List | If yes. Fill in the school transportation application and draw a clear map of your house |

* Admission is at the discretion of the School
* An assessment may be necessary and you will be contacted in due course
* All application and tuition fees are nonrefundable and nontransferable.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

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| **FOR OFFICE USE ONLY** |
| Application Date: \_\_\_\_\_\_\_\_\_\_\_ | Active: \_\_\_\_\_\_\_\_\_\_\_ | Date Records Sent: \_\_\_\_\_\_\_\_\_\_\_ | Graduated: \_\_\_\_\_\_\_\_\_\_\_ |
| Start Date: \_\_\_\_\_\_\_\_\_\_\_ | Waiting List: \_\_\_\_\_\_\_\_\_\_\_ | Moved/Transfer: \_\_\_\_\_\_\_\_\_\_\_ | Withdrawn: \_\_\_\_\_\_\_\_\_\_\_ |

Special Education Services Questionnaire

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

1. Have you ever attended an I.L.P.C. (Individualized Learning Planning Committee) meeting where your child’s eligibility for Special Education was discussed? (Circle one) YES | NO

If YES, where and when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is your child currently enrolled in Special Education or has s/he received special education services in the past? (Circle one) YES | NO

If YES, please describe the serviced received (e.g. resource room, speech, etc):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did your child receive any other special services, such as social work referrals to other sources, counseling, tutoring, etc.? (Circle one) YES | NO
2. If YES, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. If your child has been a part of a Special Education program, do you have a copy of your child’s current I.L.P. (Individualized Learning Plan)? (Circle one) YES | NO

If NO, please obtain and provide the I.L.P. to the school before the first day of school.

1. Do you feel your child is a candidate for Special Services? (Circle one) YES | NO

If YES, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever had discussions with any school personnel regarding your child being tested for academic, behavior, or emotional concerns? (Circle one) YES | NO

If YES, what was their position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. When is the best time to contact you by phone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At what phone number can you be reached? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication Administration Permission Form

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_ Class #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| **TO BE COMPLETED BY THE PHYSICIAN**  |
| Name of medication: |
| Dosage: |
| \*\* Medicine Type (circle one): Tablet / Liquid / Inhaler / Injection / Nebulizer / Other:  |
| Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Start Date: Stop Date: OR As Needed (via phone verification) |
| Restrictions/Side Effects: |
| Storage Requirements: |
| Physician Name: | Phone Number: |

 **\*\*FORM MUST BE SIGNED and STAMPED BY THE PHYSICIAN – See below**

**TO BE COMPLETED BY PARENT/GUARDIAN**

I request that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ receive the above medication at school according to the standard school policy.

I certify that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is both capable and responsible, and I am requesting that he/she be allowed to self-administer the above medication at school according to the standard school policy.

**REQUIRED SIGNATURES**

IMPORTANT NOTE: A physician signature and stamp is required regardless of whether the medication is over-the-counter or prescription. So, for example, this would include Tylenol, cold or allergy medicine, etc.

Physician Signature and Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Relationship (MUST be parent/guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Language Survey

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

In order to determine the number of students who speak a language other than Arabic and English we are requesting the following information:

1. Was the student born in Iraq (Circle one) YES | NO

Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_

If no, what date did the student move to Iraq \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is Arabic the first language that the student learned to speak? (Circle one) YES | NO

If NO, what is the first language that the student learned to speak? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is Arabic regularly (most of the time) spoken at home? (Circle one) YES | NOs

If NO, then what is the language spoken at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If your response to any of the questions above was NO:**

Assess the student’s English language proficiency in your opinion. (Check all that apply)

|  |  |  |
| --- | --- | --- |
| \_\_\_\_ Speaks no English | \_\_\_\_ Reads no English | \_\_\_\_ Writes no English |
| \_\_\_\_ Speaks limited English | \_\_\_\_ Reads limited English | \_\_\_\_ Writes limited English |
| \_\_\_\_ Speaks English well | \_\_\_\_ Reads English well | \_\_\_\_ Writes English well |

We are required to do an English Language Proficiency Assessment (ELPA) with your child. This is a simple language assessment tool to evaluate English language skills and will determine the language needs of your child. Once the assessment is completed we will notify you of your child’s proficiency level. If your child is eligible for English language services, your consent is needed prior to participation in the program.

\_\_\_\_\_\_\_ Check if you give consent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE REQUIRED REGARDLESS OF YOUR ANSWERS**

Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Internet/Computer Acceptable Use Policy

Internet services are available to all students for the purposes of instruction, curriculum support, and communication. E-mail, network, and Internet access is to be used ONLY for these purposes.

Students are expected to conduct themselves ethically and be mindful of all applicable laws and regulations. They should be familiar with procedures for accessing email and/or the Internet and have participated in training provided by the school. Students should have specific information objectives and/or search strategies formulated before they access the Internet. School policy states that **ALL** students must have a signed Acceptable Use Policy form on file before they are allowed to use the Internet independently.

The following are unacceptable uses of e-mail/Internet by students who access the network through school accounts using school-owned equipment and may result in the revocation of Internet privileges or, depending on the nature of the offense, detention or suspension.

Unacceptable use includes but is not limited to:

* Sending or displaying offensive messages or pictures
* Using obscene, harassing, or insulting language
* Violating copyright laws or fair-use practices
* Trespassing in others’ folders, documents, or files
* Using the network for commercial or political purposes
* Using the network to access inappropriate materials
* Intentionally damaging computers, computer systems, or computer networks
* Using another person’s password
* Indiscriminate personal use – purchases, personal emailing, or “instant messaging”
* Downloading software without permission of school administration or network technician
* Other behaviors in violation of School policy or Kingdom policy

Communication over networks is not considered private. Network supervision and security maintenance may require monitoring of directories, messages, or Internet activity. The School reserves the right to access stored records in cases where there is reasonable cause to expect wrong-doing or misuse of the system.

**Student Internet/Computer Acceptable Use Policy – SIGNATURE MANDATORY**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

I have read the Student Internet Acceptable Use Policy. I agree to follow the rules contained in this policy with an understanding that consequences could entail revocation of internet privileges, or depending on the nature of the offense, detention or suspension. I will receive a copy of this signed Policy and a copy will be kept in my file.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_\_\_\_

Photo Policy - Consent/Denial

In an effort to keep the community up-to-date on events, the School will, on occasion, invite local media representatives into our school to photograph special programs and events. Media representatives register at the main office upon their arrival and are always escorted to the designated area from which they can take photos or video publications. We do not allow media representatives to interview students on school property unless School personnel accompany them.

School personnel will also take pictures of classroom activities and/or individual students from time to time for either release to the local media, use in the School web site, or for School media or brochures. Identification of students is always limited to name, school, and grade.

**Please note: Permission to photograph a student either individually or in a group, and to use any photograph for any school purpose, is assumed until you specifically request your child’s photo not be used.**

This information will be kept on file in the student’s records.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student’s Full Name)

(Parent/Guardian Full Name)

who will be in \_\_\_\_\_\_\_\_ grade in 20…… -20….., and:

I DO NOT want my child’s picture to be used in school-related or outside media publications.

**OR**

I give my permission for my child’s picture to be used in school-related or outside media publications.

Home telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_\_