ICK Abu Huraira Academy

**Please select the program interested in:**

|  |  |  |  |
| --- | --- | --- | --- |
| *Check(✓)* | *Program\** | *School Days* | *Time* |
|  | Weekday | Monday - Thursday | 4:00 PM - 7:00 PM |
|  | Weekend | Saturday & Sunday | 10:00 AM - 2:00 PM |

***\* Please note both programs include a special period to assist in Kid’s School Home Assignments***

**Tuition Fee**

Weekday $60/Student & Weekend $60/Student\*

**Details of the Students**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S#** | **Last Name(s)** | **First Name(s)** | **Gender**  **(M/F)** | **Date of Birth**  **(MM/DD/YYYY)** | **Grade in Formal School** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Address Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Address:** |  | | |
| **City** |  | | |
| **State** |  | **Zip Code** |  |

**Details of the Parents/Guardian of the Student**

|  |  |
| --- | --- |
| **Father’s Name/ Guardian:** |  |
| **Cell#** |  |
| **Email** |  |
| **Is ICK Voting Member?\***  **(Yes or No)** |  |

|  |  |
| --- | --- |
| **Mother’s Name/ Guardian:** |  |
| **Cell#** |  |
| **Email** |  |
| **Is ICK Voting Member?\***  **(Yes or No)** |  |

**Details of the Emergency Contact of the Student**

**Emergency Contact # 1:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Cell #** |  |
| **Address:** |  | **Email:** |  |

**Emergency Contact # 2:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Cell #** |  |
| **Address:** |  | **Email:** |  |

|  |
| --- |
| **Please give details of any medical condition of the student:** |

**Terms and Conditions of ICK Abu Huraira Academy**

* The purpose of the ICK Abu Huraira Academy is to provide the students with secure and safe Islamic learning environment.
* Students can be expelled due to their misconduct and bad behaviour.
* Students should bring their own stationary and notebook.
* Students should ensure they leave the classroom tidy and clean. No food will be consumed in the classroom.
* Students should take care that their activities do not damage the ICK facilities.
* Students should behave with respect with other students, teachers and other staff.
* Parents/Guardians shall bring-in and pick-up their children on time.
* Parents/Guardians shall be responsible for transportation of their children.
* Parents/Guardians shall provide advance notice for absence of their children and take due permission for long absence.
* Parents/Guardians shall participate in the Parent Teacher meetings.
* While the school management will try it’s best for the safety and security of the students. However, in the event of unforeseen circumstances, the teachers, volunteers, staff and the center bear absolutely no legal responsibility of any kind.

I confirm that I have read and understood the terms and conditions of the ICK Abu Hurairah Academy as stated in the application form.

**Signature of Parent/Guardian: Date:**

**Official Use Only:**

The Student has been placed at level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discount For Siblings or Special Need or ICK Membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_%

Approved By Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_