**Noor Academy of Arizona** *Student Enrollment Application* **1130 W. 23rd. St Tempe, AZ 85282**

**Phone: 480-829‐1443 Fax: 480­829-1501**

[**Frontdesk@nooracademy**](mailto:nooracademyaz@gmail.com)**az.com Website: nooracademyaz.com**

School Year: (2024-2025) Date: \_

**Section 1: STUDENT INFORMATION Please fill in a separate application for each child.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name:** | |  | **First Name:** |  | | **MI:** | |
| **Date of Birth:** | |  | **Male** |  | **Female** | |  |
| **Last grade completed:** | |  | **Enrolling for grade:** | |  | | |
| **Home Address:** |  | | **City:** **State:** **Zip:** | | | | |

**Section 2: PARENT/GUARDIAN INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Father’s Last Name:** | |  | **Father’s First Name:** | |
| **Home Phone:** | |  | **Cell Phone:** | |
| **Email:** | |  | | |
| **Home Address:** |  | | **City:** **State:** **Zip:** | |
| **Mother’s Last Name:** | |  | **Mother’s**  **First Name:** | |
| **Home Phone:** | |  | **Cell Phone:** | |
| **Email:** | |  | | |
| **Home Address:** |  | | | **City:** **State:** **Zip:** |

List any siblings attending Noor Academy:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Ethnicity (please check one):** |  |  |
|  | African-­‐American |  |
|  | Hispanic |  |
|  | Asian |  |
|  | Pacific Islander |  |
|  | Native American |  |
|  | Other (specify) : | |
|  | | | |

**Name: Grade:**

**Emergency Contacts**

*I hereby authorize any individual listed as an Emergency Contact (or updated on a subsequent update form or in writing) to make any and all medical and/or health-­‐care decisions on my behalf if I cannot be reached.*

|  |  |  |
| --- | --- | --- |
| Name | Relationship to Student | Phone |
|  |  |  |
|  |  |  |
|  |  |  |
| I hereby give permission for the school authorities to obtain medical aid or ambulance service, at my expense, in case of serious accident or illness affecting this child. Initials | | |
| I do NOT give permission for NAA to seek medical aid. My instructions in case of emergency are:  Initials | | |

**Medical/Allergy Information**

ddd

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medical Problem** | **Yes/No** | **Please explain all**  **"Yes" answers and indicates any medication taken for problems.** | **Medical Problem** | **Yes/No** | **Explain** |
| **On Medication?** |  |  | **Vision Problem?** |  |  |
| **Heart Problem?** |  |  | **Contact Lenses?** |  |  |
| **Limited Activity?** |  |  | **Glasses?** |  |  |
| **Diabetes?** |  |  | **Psychological Testing?** |  |  |
| **Hearing Problem?** |  |  | **Learning Disabilities?** |  |  |
| **Asthma?** |  |  | **Academic Difficulties?** |  |  |
| **Seizure Disorder?** |  |  | **Has child been**  **Enrolled in a special education program?** |  |  |
| **Allergy To**  **Medication?** |  |  | **Name of the program?** | | |
| **Allergy to Bee**  **Sting?** |  |  | **Where was the program?** | | |
| **Allergy - Other?** |  |  | **Other Medical Info?** | | |

Parent Signature \_ Date:



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**Noor Academy of Arizona**

**Financial Agreement**

**Please Attach a copy of 2023 TAX Form 1040**

|  |  |  |
| --- | --- | --- |
| (First, Middle, Last) | Social Security # | Date of Birth |
| Father/Guardian: |  |  |
| Mother/Guardian: |  |  |

|  |  |
| --- | --- |
| Tuition and Fee Schedule (Per Student) | |
| Application Fee (Non Refundable) | $50 |
| KG - 8th Grade Annual Tuition (Including Assessment & Curriculum Fees (Books) | $8,500 |
| Late Pick Up fee | (20 minutes window after dismissal time). For every 5 minutes late, $10 will be charged |
| Late Tuition Payment Fee | $25 - Tuition due on the 1st no later than the 5th of each month. |

**Tuition/Scholarship Policies**

The parents/legal guardians of above students agree to the following financial contract with Noor Academy of Arizona:

1. This agreement is a legally binding contract.
2. Full payment of Enrollment application fee of ($50) is required to reserve a spot for your child(ren).
3. Textbooks will be provided by the school. If any book is lost or damaged, additional fee to replace the book will be charged. The replacement fee will vary per item.
4. Other incidental fees during the school year for special activities or field trips will be charged to the parents/guardians on per event basis.
5. The total annual tuition payable to school for above enrolled student will be determined based on the Family’s most recent annual income (Please attach 2023 Tax Form 1040).
6. If, after signing this contract, any additional funds/scholarships are made available for above students, they will be applied towards the tuition payments.
7. The first monthly payment is due upon enrollment. First payment is non-refundable and is accepted as a promise to attend. This payment is necessary to keep the student’s seat. The seat cannot be guaranteed without the first installment (Office will accept payments starting 1st Business Day of June, please note that payment is due before July 1st)
8. Subsequent tuition payments are due on the 1st business day of each month, starting from September through May.
9. If payment is not received by end of the 5th business day of the month, a $25 late fee will be applied.
10. A written notice will be sent to the parents/guardians after the 5th business day of the month in which payments are not received.
11. If payments are past-due for 90 days, then the student(s) will be unenrolled from the school and parents will be notified in writing.
12. For withdrawn students, whether voluntary or involuntary, all accounts must be immediately paid in full. If account remains unpaid for 10 consecutive days, written notice will be sent stating the intention to send the account to collection agencies. The responsible party will have an additional 10 days to contact the school and make the necessary payment or other satisfactory arrangements. If no response is received, the account will be submitted to collection agencies and/or the credit rating agencies.
13. Student(s) cannot be re-enrolled until the past dues are paid in full or satisfactory payment agreement is made with the school.
14. There will be no refund or credit given for a period of absence in which the student did not attend the school due to optional reasons or illness etc.
15. Parent/guardian may have to sign separate contract for additional optional services like after-school or summer programs.

I/we recognize this as a contractual agreement and have read and understood the above conditions and agree to abide by them.

Parent/Guardian Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Automatic Payment Withdrawal Authorization Form**

Parent/Guardian: Address:

###### Payment information

Monthly Tuition Payment Amount: $

Monthly Payment Amount: $ plus additional: $ tax deductible monthly donation to NAA

**Financial Institution Information (Please Print)**

Visa MasterCard Discover

American Express

|  |  |
| --- | --- |
| Account Holder’s Name: |  |
| Credit Card Number: |  |
| CVV (last 3 digits): |  |
| Expiration Date: |  |

Authorization

I authorize Noor Academy of Arizona (“NAA”) to debit the amount indicated above from the credit card account listed above. I understand this debit will be made each month on the account’s payment due date. If the payment due date falls on a weekend or holiday, the account will be debited on the next business day. This authorization will remain in effect until my account is paid in full, or until I notify NAA to terminate this agreement. The request to terminate the agreement must be received by NAA at least five business days before the scheduled payment date. I will keep NAA informed of any change in my address, phone number, or email address. I will be responsible for any bank fee that NAA is charged if my payment is declined by my bank for lack of funds or any other reasons. I further understand that in the event the payment is declined by my bank, I am still responsible for making an on-time payment.

**Account Holder’s Signature**:

**Date**:

Please return completed forms to the NAA office and allow 5 business days for processing.

## Over the Counter Medicine /Treatment Authorization

I, , give permission to Noor Academy of Arizona located at 1130 West 23rd. Street Tempe, AZ 85282 to administer the following medicine or first aid if my child is need of treatment.

Please initial next to each medication/first aid that you approve to be given to your child. Please note that if you do not initial we cannot administer that medication to your child in the event it is necessary:

Children’s Tylenol Neosporin

Children’s Ibuprofen Hydrogen Peroxide

Children’s Claritin Antiseptic/Disinfectant Spray

Tylenol Ibuprofen

Please list below any allergies your child has to medication:

**Note: We will not administer medicine without contacting the parent/guardian first.**

Child’s Name:

Parent Signature Date:

**Photo and Media Release Form**

Noor Academy of Arizona would like to request permission for your child’s photo/image to be published on the school’s website, yearbook, Facebook, and any other NAA publications.

Please check **ONE** of the following boxes:

I do give my consent for my child to be photographed and for NAA to use photo or video images taken of my child in any school publications.

I do NOT give my consent for my child to be photographed.

Student’s Name: Student’s Grade:

Signature of Parent/Guardian: \_

Date:

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REQUEST FOR RECORDS

|  |  |
| --- | --- |
| Student Name | Student Date of Birth |
| Student Record ID # or Social Security Number | Dates Student Attended the School Below  From: To: |

We are requesting the following records for this student (all that apply) be sent as soon as possible to **Noor Academy of Arizona by mail or fax.** The records should include:

STANDARD RECORDS SPECIAL EDUCATION RECORDS

|  |  |
| --- | --- |
| * Transcript of grades | * Individualized Education Plan (IEP) |
| * Standardized test scores | * Language Proficiency Testing |
| * Health and Immunization records | * Language Learner Plan |
| * Disciplinary Records | * Individualized evaluation records |
| * Attendance Records |  |
| * Social Services/Legal Records |

##### School Name:

School Phone:

School Mailing Address: \_

\_

Parent/Guardian Signature Date

In accordance with the Family Educational Rights and Privacy Act of 1974 and Arizona State Law, parent permission is no longer required if records are requested by authorized school personnel.



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**STUDENT PICK-­‐UP AUTHORIZATION FORM**

**To Noor Academy of Arizona School Officials**: I understand and support NAA’s policies that are intended to keep my child (REN) healthy and safe.

When necessary, the individuals whom I have listed are authorized to pick my child up from school. I have instructed each person listed below to wait in the school office for my child to be called before removing him/her from the building.

/

(Print) Child’s Full Name Grade

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

PERSONS AUTHORIZED TO PICK UP MY CHILD (REN)

**(Please Print Clearly)**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Phone#** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* PARENT/LEGAL GUARDIAN AUTHORIZATION & VERIFICATION FORM**

(Please Print) Parent/Guardian’s Full Name

/

Signature: Parent and/or Legal Guardian’s Full Name Date