



Darul Arqam North Zone School

11815 Adel Road, Houston, Texas 77067 Tel: 281-583-1984 Fax: 281-440-8024
Email: darularqamnorth@hotmail.com Website: north@darularqamschools.org

2019-20 NEW AND RENEWING REGISTRATION

STUDENT NAME _____

TODAY'S DATE _____

GRADE _____ START DATE _____

- REGISTRATION FORM A (K THROUGH 12TH GRADE)
- REGISTRATION FORM B (PRE-K ONLY)
- ADMISSION TEST (NEW ONLY)
- ATTENDANCE FORM (REQUIRED)
- ECONOMIC ELIGIBILITY SURVEY (REQUIRED)
- HOME LANGUAGE SURVEY (REQUIRED)
- HEALTH FORM (REQUIRED)
- FINANCIAL POLICY ACKNOWLEDGEMENT (REQUIRED)
- VOIDED CHECK AND ACH AUTHORIZATION FORM (REQUIRED)
- BIRTH CERTIFICATE (NEW ONLY)
- SOCIAL SECURITY (NEW ONLY)
- RECORDS REQUEST (NEW ONLY)
- REGISTRATION FEE RECEIVED

DARUL ARQAM NORTH ZONE ENROLLMENT/REGISTRATION FORM
School Year 2019-20

SCHOOL USE: DR: _____ Grade: _____ Discipline Academics SPED/SG4 Title I Title II Approved Denied Waiting List

STUDENT INFORMATION

Student's Name
(as printed on birth certificate) Last _____ First _____ Middle _____
Gender _____ Date of Birth ____/____/____ Birthplace (City, State) _____ Country of Birth _____ Social Sec/Alt ID Number _____
Ethnicity: Southeast Asian Arab Caucasian Hispanic African American African Native Indian/Pacific Islander
Student's Primary Email Address _____ Cell Phone _____ Home Phone _____
Student's Physical Home Address _____ Apt# _____ Home City, State, Zip _____
District Last Attended _____ Name of school transferring from: _____
Photo Release: Your child may be photographed or videotaped for the school, websites, social media page, newsletters, articles, or letters relating to school activities. Please check: _____ Yes, I give my permission _____ No, I do not give my permission. Please do your best to exclude my child(ren). (If you selected no, we will do our best to exclude your child but cannot control every situation especially when we are in public settings.)
Is there anyone that CANNOT pick up your child? Please list name: _____ (Please note that for safety reasons, if anyone is sent to pick up your child who is not the guardian, you must send a written note or email giving permission, with the person's name and number.)
Please list any medical conditions or allergies: _____

GUARDIANSHIP INFORMATION

Primary Guardian's Name Please SMS or text my cell number listed below
Last _____ First _____ Middle _____ Gender _____ DOB: ____/____/____ Live with Student? (Y/N) _____
Cell Phone _____ Relationship to Student _____ Driver's License _____ Email address: _____
If different than Student's Home address:
Mailing Address _____ Preferred Language _____
Name of Employer _____ Work Phone _____ Occupation: _____
Secondary Guardian's Name Please SMS or text my cell number listed below
Last _____ First _____ Middle _____ Gender _____ DOB: ____/____/____ Live with Student? (Y/N) _____
Cell Phone _____ Relationship to Student _____ Driver's License _____ Email address: _____
If different than Student's Home address:
Mailing Address _____ Preferred Language _____
Name of Employer _____ Work Phone _____ Occupation: _____

EMERGENCY CONTACT

Person to contact in case of emergency and guardian is not available:
Name Last _____ Relationship to Student _____
Home Phone _____ Cell Phone _____ Email address _____
Name Last _____ Relationship to Student _____
Home Phone _____ Cell Phone _____ Email address _____

*I affirm that the information shown on this form is correct; and that I have legal custody and/or the right to enroll this student in Darul Arqam School. I agree to provide all known court orders affecting any other person's right to this student. I understand that presenting a false document or record while enrolling a student is an offense under the Texas Penal Code. I also understand that if I do not provide all required documents within 30 days of enrollment, law enforcement will be contacted as required by law. NOTE: THE PERSON OR PERSONS NAMED ON THE ENROLLMENT FORM WILL BE PRESUMED TO HAVE EXCLUSIVE AUTHORITY TO REQUEST CHANGES RELATED TO THE STUDENT'S ENROLLMENT UNLESS OTHER LEGAL DOCUMENTATION OR COURT ORDER IS PROVIDED.

Primary Guardian Signature _____ Date _____



Please Read Carefully

COMPULSORY SCHOOL ATTENDANCE LAWS

Texas Senate Bill 1452

TO PARENTS OR TO PERSONS STANDING IN PARENTAL RELATION TO CHILDREN

This letter is to inform you of the Senate Bill 1432 as passed by the Texas Legislature effective September 1, 2001. The law states that if a student is absent from school three (3) days or parts of days in a four-week period without parental consent or is absent without an excuse for eight (8) or more days or parts of days in a six month period:

- 1) The student's parent or legal guardian is subject to prosecution under TEC 25.093
- 2) The student is subject to prosecution under TEC 25.094

It is your duty to monitor your child's attendance, require your child to attend school and request a conference with a school official to discuss the absences. You are subject to prosecution under sec. 25.093 (b) for failure to require your child to attend school.

Written excuses for absences should be in the school's possession no later than three (3) school days after the date of the absence. The three-day period shall begin with the day the student returns to school.

Student Name: _____ Date: _____

Parent Name: _____

Parent Signature: _____ Date: _____



Title I Economic Eligibility Survey Form

2017-18

1. Find and circle your family size and the annual income that is directly across from your family size (amount are valid from July 1, 2017-June 30, 2018).

Family Size	Annual Income
1	\$21,978
2	\$29,637
3	\$37,296
4	\$44,955
5	\$52,614
6	\$60,273
7	\$67,951
8	\$75,647
For each additional family member add	\$7,696

2. Is your annual income less than the amount you circled? ___yes ___no

3. Please list the name(s) and grade level(s) of all your children enrolled in this school:

Name	Grade Level

Parent's Name: _____

Address: _____

Parent Signature



Home Language Survey

Name of Student: _____

Grade: _____ Date of Birth: _____

1) What language is spoken in your home most of the time? _____

2) What language does your child speak most of the time? _____

3) In what country was your child born? _____

4) How long has your child lived in the U.S.? _____

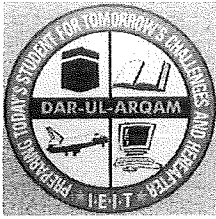
5) Has your child lived outside the U.S. for two or more consecutive years? (yes / no)

6) Circle how many years your child has attended schools in the United States:

Pre-K	K	1	2	3	4	5	6	7	8	9	10	11
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Signature of Parent

Date



Darul Arqam North

Student Health Form

A licensed physician, nurse practitioner, or physician assistant must complete the section below.

Child's Name: _____

Date of Examination: _____

Height _____
Weight _____

BP _____
Pulse _____

Hearing: Right _____

Left _____

Pass Fail

Vision: Right _____

Left _____

Pass Fail

Physical Examination	CHECK ONE		Comments
	Normal	Abnormal	
Head			
Eyes			
Ears			
Nose/Throat			
Mouth/Teeth/Gums			
Heart			
Chest/Lungs			
Skin			
Abdomen			
Genitalia			
Neurological			
Development			
Musculoskeletal			
Nutrition			
Speech/Language			
Social/Emotional			

Immunization Up to Date Yes No
(Please attach REQUIRED Immunization Record)

Identified Special Needs: _____

HEALTH CARE PROFESSIONAL'S CERTIFICATION

Health Care Provider's Signature: _____

Phone Number: _____ Date: _____



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I do hereby acknowledge that I have been duly and properly informed of the financial policies, procedures, rights and responsibilities as a parent of a Darul Arqam North student(s).

Parent Name: _____

Signature: _____

Date: _____

School Representative: _____



AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL (ACH DEBIT)

This form allows Darul Arqam North to initiate monthly ACH withdrawals from your checking account for the payment of your child/children's tuition and annual dues. Tuition is deducted the 15th of each month beginning in August and ending in May. If you are a returning student, annual dues will be deducted in June and July in equal payments. This form is required to be signed and updated every year with registration. Please note that tuition and dues can only be paid via ACH only. An exception will be made for new students who pass the first ACH withdraw date if that occurs they can pay the first month's tuition and dues via cash or check but must enroll in ACH at the time of registration for all future payments.

I (we) hereby authorize Darul Arqam North to initiate a monthly debit entry to my (our) checking account for monthly tuition payments and annual dues.

PLEASE REMEMBER YOU MUST ATTACH A VOIDED CHECK TO THIS FORM.

PLEASE CHECK HERE IF YOUR BANK ACCOUNT INFORMATION REMAINS THE SAME AS LAST YEAR.

Your Bank: _____

Branch: _____

Routing No. _____

Account No. _____

Signature: _____

Date: _____

Printed Name: _____

Phone #: _____

Email: _____



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2019-20 REVISED TUITION STRUCTURE

MONTHLY FEE

GRADE	PRE-SCHOOL	ELEMENTARY – HIGH SCHOOL
	Pre-K 1 and Pre-K II No Family Discount	KG-12th Grade With Family Discount
1st Child	\$450.00	\$450.00
2nd Child		\$300.00
3rd Child		\$250.00
4th Child		\$100.00
5th Child		-
6th -9th Child		-
TOTAL	\$450.00	\$1,100.00

ANNUAL DUES

Registration	\$100.00	\$100.00
Book Fee	\$200.00	\$200.00
IOWA/STAAR/PSAT/SAT		\$100.00
Technology and Science Lab Fee		\$100.00
Security Fee	\$50.00	\$50.00
TOTAL	\$350.00	\$550.00

***ALL ANNUAL DUES ARE NON-REFUNDABLE AND ARE FOR NEW & RETURNING STUDENTS**

PARENTS FROM PREVIOUS ACADEMIC YEAR: ALL ANNUAL DUES WILL BE COLLECTED BY ACH IN THE MONTHS OF JUNE & JULY