



**ISLAMIC ACADEMY
OF SOUTH JERSEY**
أكاديمية سوث جيرزي الإسلامية

3056 English Creek Avenue, Egg Harbor Township, NJ 08234, U.S.A.
Telephone: (609)407-6800 Fax: (609)407-6803 Web: www.iasjschool.org

Dear Parents and Guardians:

Assalaamu Alaikum wa Rahmatullahi wa Barakatuh.

It is our pleasure to welcome you to Islamic Academy of South Jersey. The beginning of each school year is a time filled with hope and great anticipation of what is to come.

The mission of Islamic Academy of South Jersey is to promote and incorporate Islam through a quality education with high standards in an Islamic environment. Our commitment is to our students, whom we will provide with the correct guidance, support, and Islamic environment to contribute to their feelings of happiness and self-confidence. This, in shaa Allah, will be a foundation in the success of their academic achievement. Not only do we prepare them to be leaders in the Muslim community, but in the secular fields as well by offering advanced STEM courses and educating them through the use of technology. We encourage parents to work closely with our school and become acquainted with their child(ren)'s teachers. Cooperation between the home and school is essential for each child's success.

On behalf of Islamic Academy of South Jersey and our esteemed board members, please accept our gratitude for your continued confidence in us and the lifelong value that an Islamic education provides.

Wassalamu Alaikum wa Rahmatullahi wa Barakatuh.

Your Brother in Islam,

Dr. Ahmed Salem

Dr. Ahmed Salem, Ph.D.
Principal



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Enrollment for School Year: 2022-2023

Dear Parents: Assalamu Alaikum.

The Islamic Academy of South Jersey welcomes you and your child to this school year. We are happy that you chose this school, and pray to Allah (SWT) that this will be an enjoyable and productive year for your child. Ameen. Below is useful information that you should be aware of.

Starting Date: September 1st, 2022 - 1st day of School (tentative)

Registration: Your child must be registered before attending school. Please turn in your child's Re-Enrollment form (Health form, Emergency Information Form (for all students), etc. **prior to September 30** to the school office.

Immunizations: An up-to-date immunization record must be in the school office before your child can be admitted into the classroom.

Note: After 3:45 p.m., your child will be taken to the supervised after school child care program. You will be charged a fee of \$15.00/hour per child for the time your child spends in the program.

Lunch/Transportation: Parents are responsible for providing their child's lunch and transportation.
For local residents, please fill out Transportation Form (B6T) no later than October 1st. You may arrange carpooling. (check at the main office.)

Tuition and Fees:

TYPE	Preschool	Pre-K	KG-8 th
Application Fee	\$100	\$100	\$100
Re-Enrollment Fee	\$25	\$25	\$25
Fee for General Use of Textbooks/Handouts (Nonrefundable)	\$100	\$100	\$100
Fee for General Use of Quran, Islamic Studies, and Arabic Textbooks (Nonrefundable)	\$50	\$50	\$50
Tuition	\$4,250	\$4,250	\$4,000

**For multi children discount, please visit our main office.*

- ✓ \$25.00 Technology Fee
- ✓ \$45.00 TerraNova/NJ State Exam Fee (applicable for grades KG and up)
- ✓ Pay my child(ren)'s Field Trip Fees
- ✓ \$25.00 Returned Check Fee
- ✓ All tuition and fees should be paid based on **Tuition Contract**.
- ✓ Please make checks payable to **Islamic Academy of South Jersey**

Additional child and Scholarship program: Please visit our main office.

Snow Days/ Early Dismissal: We follow City Public School inclement weather procedure. Please check local TV stations.



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ENROLLMENT APPLICATION 2022-2023

STUDENT INFORMATION

Student's Legal Name:

For Official Use Only

Enrollment Date: _____

Grade to be enrolled: _____

Registered by: _____

Approved by: _____

DCR: _____

Last: _____ First: _____ Middle: _____

Date of Birth: Month _____ /Day _____ /Year _____

Age: _____ Sex: Male _____ Female _____

Country of Birth: _____

Language Spoken at Home: _____

If not born in the USA, date child entered the USA: Month/_____ Day/_____ Year/_____

Home Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____

Father's Cell #: _____ Mother's Cell #: _____

Father's e-mail:Mother's e-mail:.....

Name of previous school: _____ **Grade :** _____ **Year :** _____

School Phone Number: _____ **Fax:** _____

Address: _____ **ZIP Code:** _____

Reason for leaving previous school _____

Emergency Contacts (Other than Parents):

1. Name: _____

Relationship to Student: _____ Phone #: _____

2. Name: _____

Relationship to Student: _____ Phone: _____



FAMILY INFORMATION:

Student is living with (check one):

- ☐ Both Parents
☐ Father Only
☐ Mother Only
☐ Foster Parents
☐ Other (Please

Explain): _____

Name of Legal Guardian (if other than parent) _____

Cell/Phone _____

Address (if different from above):

Father's Full (Legal) Name: _____

Occupation: _____ Work Phone (if any): _____

Mother's Full (Legal) Name: _____

Occupation: _____ Work Phone (if any): _____

Please list your other children who will be enroll in the Islamic Academy of South Jersey:

Name	Sex	M/F	Age	Date of Birth	Grade

I declare that all information above is true and accurate.

Parent/Legal Guardian's Name (print):

Signature _____ Date: _____



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Student Media Release Form 2022-2023

Date _____

I, _____ hereby give
(Name of parent/guardian printed)

consent for my child to be photographed, filmed, or have audio or video recordings made of my child by employees and agents of the Islamic Academy of South Jersey School Board for the 2020-2021 school year. I understand that the image(s) may appear in electronic or print form. I agree that I will not hold the Islamic Academy of South Jersey responsible for any unauthorized reproduction.

Please check all that apply:

- ☐ I give my consent to have my child photographed/filmed for use in the printed yearbook.
- ☐ I give my consent to have my child filmed/ photographed for the digital yearbook.
- ☐ I give my consent to have my child photographed for School Picture Day.
- ☐ I give my consent to have photos of my child featured on the School Website.
- ☐ I give permission to have photos/video on school Facebook page.
- ☐ I do **NOT** give my consent to have my child photographed/filmed in any capacity.

Name of Student _____

Parent /Guardian Signature _____



**ISLAMIC ACADEMY
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Parental Contract for the School **Year 2022-2023**

	Name of Enrolled Child	Grade	Enrollment/ Reg. Fee	Annual Tuition Fee	TOTAL
1.					
2.					
3.					
4.					
5.					
	TOTAL				

PAYMENT SCHEDULE OPTIONS (Please choose one)

PLAN: ☐ A = One Payment (No Registration Fee) ☐ B = 2 equal payments ☐ C = 10 equal payments

I, _____, have read all of the rules and regulations of the Islamic Academy of South Jersey and witness, by my signature, that I accept and will abide by these rules and regulations. I fully accept my financial obligation of Annual Tuition of \$_____, plus total Enrollment Fee of \$_____ to I.A.S.J. and all other associated costs (Please read Parent's Financial Obligation). I understand that I may withdraw my child from school at any time and the payments made during the monthly withdrawal will not be refunded to me. Also, tuition due at the time of withdrawal will still be owed to the school. I have read and agree to abide by the Parents Financial Obligations.

I agree to abide by the rules presented by I.A.S.J., including:

1. My child will attend school on a regular basis and will be on time.
2. I will work with my child at home as needed and will make sure all homework assignments are completed.
3. My child will be taught the importance of following the Quran and Sunnah of the Prophet Muhammad (SAW) at school and AT HOME.
4. I agree to accept the decision of the school administration as final in case of any disputed matter.
5. I will pay all fees as outlined in this application.
6. I will not, under any circumstances or for any reason, bring legal proceedings against I.A.S.J., nor any staff or board member of this organization.

Name of Parents/Guardians: _____

Signature Parents/Guardians: _____

Official Notes: _____



ISLAMIC ACADEMY OF SOUTH JERSEY

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Permission Slip for Pick Up : 2022-2023

To Whom It May Concern

I,am parent or
guardian of (name of student)
giving my permission to the person/persons listed below to pick up my son/daughter
from the Islamic Academy of South Jersey at dismissal time.

(1) Name

Phone

Relationship

(2) Name

Phone

Relationship

Important note for Parent/Guardian:

- *Please provide photo ID for the listed above person/persons.
- *Permission slip must be filled out for each student.
- *Islamic Academy of South Jersey School will be not responsible for any legal liabilities.
- *If you arrive after 3:45PM to pick up your child, you will be responsible to pay \$15.
After 4:00PM, you will be charged \$1.00 per minute.

Signature of parent or guardian:

Date:



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MEDICAL CONDITION **FORM 2022-2023 School Year**

Child's Name: _____

Please complete this form if your child has a medical condition. If your child does not have a medical condition, please check the NO box below and sign at the bottom.

☐ No, my child does not have any medical/health conditions that would prohibit him/her from participating fully in school activities, including gym classes or sports activities.

COMPLETE THIS SECTION ONLY IF YOUR CHILD HAS A MEDICAL CONDITION

Emergency Contact Phone #: _____

Please check below if your child has any of the following medical conditions:

☐ Allergies (food, insects, etc.). Please specify: _____

☐ Asthma ☐ diabetes ☐ seizures ☐ other (please specify) _____

Does your child have any serious health concerns we should be aware of? ☐ Yes ☐ No

If yes, please explain: _____

Please list any medications he/she may need: _____

Are there any health considerations that would prohibit your child from participating the full year in school activities, including gym classes or sports activities?

Are there any special accommodations required due to physical disabilities?

Does your child have Medical Insurance? ☐ Yes ☐ No

If Yes, Name of Insurance Company: _____

Please submit a copy of the child's Insurance Card with this form.

Please Note:

In the event your child has a medical emergency and the school is unable to contact you, 911 will be called and your child will be transported to the nearest hospital emergency room for medical treatment.

Parent/Legal Guardian's Name (Print): _____

Signature _____ Date _____

OFFICE USE ONLY

Tuition Fee: \$ _____ ☐ Auto Withdrawal ☐ Card ☐ Check# _____ ☐ Cash

Re-Registration Fee: \$ 0.00

NJ State Exam Fee: \$ _____

TerraNova (standardized achievement tests) **Fee:** \$ _____

Nonrefundable General Text Books/Handouts fee _____

Nonrefundable Quran, Islamic Studies and Arabic language text books fee _____

- ✓ All tuition and fees should be paid based on **Tuition Contract**.
- ✓ Please make checks payable to **Islamic Academy of South Jersey**

Enrollment Checklist:

- ☐ Re-Enrollment Application with Acknowledgement
- ☐ Student Media Release Form ☐ Parental Contract
- ☐ Permission Slip ☐ Medical Condition Form
- ☐ Immunization Record
- ☐ Financial Aid Application ☐ Transportation B6T
- ☐ Paid all fees
- ☐ Admission Confirmed
- ☐ Signature by Office Manager or Assistant Principal or Principal

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Comments: