



# Noor Academy of Arizona

## Student Enrollment Application

1130 W. 23<sup>rd</sup> St Tempe, AZ 85282  
 Phone: 480---829---1443 Fax: 480---829---1501  
 Frontdesk@nooracademyaz.com  
 Website: nooracademyaz.com

School Year: \_\_\_\_\_

Date: \_\_\_\_\_

### Section 1: STUDENT INFORMATION

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:

Name:	Grade:
_____	_____
_____	_____
_____	_____

#### Ethnicity (please check one):

African---American	
Hispanic	
Asian	
Pacific Islander	
Native American	
Other (specify) :	

## 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. <span style="float: right;">Initials _____</span>		
I do NOT give permission for NAA to seek medical aid. My instructions in case of emergency are: <span style="float: right;">Initials _____</span>		

## Medical/Allergy Information

Medical Problem	Yes/No	Please explain all "yes" answers and indicate 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

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

Tuition and Fee Schedule (Per Student)	
Application Fee (Non Refundable)	\$20
KG Book Fee	\$50
1 <sup>st</sup> ---8 <sup>th</sup> Grade Book Fee	\$150
KG --- 8 <sup>th</sup> Grade Annual Tuition Fees	\$8,000
Pre---K Monthly Tuition Fees	<input type="checkbox"/> Full time 500/month <input type="checkbox"/> Part time 350/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 one-time non-refundable registration fee (\$20) and annual book fee (\$50 for KG student and \$150 for 1<sup>st</sup> grade– 8<sup>th</sup> grade student) is required at the time of registration.
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(s) is: \$ . This payment reflects any discounts, scholarships and/or financial assistance provided by the school or other outside organizations. This amount is the net parent responsibility.

6. Total annual payment is divided in 10 equal monthly payments payable during the school year. Accordingly the monthly payments for which the parent is responsible is: \$ . This amount is referred to as "monthly payment" in subsequent document.
7. If, after signing this contract, any additional funds/scholarships are made available for above students, they will be applied towards the tuition payments described in items 5 and 6 above.
8. 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 month payment.
9. Subsequent tuition payments are due on the 1<sup>st</sup> business day of each month, starting from September through May.
10. If payment is not received by end of the 5<sup>th</sup> business day of the month, a \$25 late fee will be applied.
11. A written notice will be sent to the parents/guardians after the 5<sup>th</sup> business day of the month in which payments are not received.
12. Noor Academy of Arizona holds the right to suspend students for 3 days if payment is not received after notice is sent.
13. If payments are past-due for 90 days, then the student(s) will be removed from the school.
14. 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.
15. Student(s) cannot be re-enrolled until the past dues are paid in full or satisfactory payment agreement is made with the school.
16. 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.
17. 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 a 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: \_\_\_\_\_



# Noor Academy of Arizona

*Excellence in Academic Education*

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## **Over the Counter Medicine /Treatment Authorization**

I, \_\_\_\_\_, give permission to Noor Academy of Arizona located at 1130 West 23<sup>rd</sup> 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: \_\_\_\_\_



# Noor Academy of Arizona

*Excellence in Islamic and Academic Education*

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## 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: \_\_\_\_\_





