

*“To provide a nurturing Islamic environment where students aspire for excellence in education, integrity and leadership skills to better serve humanity.”*



**Indiana Horizon Academy**

***2018-2019***

***Enrollment packet***



## **IHA Admission policy**

IHA strives to create a community of students and staff that promotes academic excellence in the school. Students are selected for admission on the basis of academic achievement, development, maturity, behavior and readiness for school's program. Indiana Horizon Academy does not discriminate on the basis of race, color, national and ethnic origin in its admission policies, scholarships and other school administered programs or activities.

### **Admission process:**

IHA welcomes students in Preschool to 3<sup>rd</sup> grade and follows the following steps for admission:

1. New students' application form with non-refundable fee of \$100 to cover for the cost of filling and testing.
2. Elementary students will take reading and Math placement tests, will be interviewed with their parents and are encouraged to try a day if school is in session.
3. Preschool and PreK. Students will be evaluated to ensure their readiness for the full time program and will be accepted based on the evaluation. The first month of school is considered a probationary period. If the school teachers and administration feel that student is still not ready and IHA is not able to

- serve his or her needs then the school has the right to dismiss the student from the program and only snack and books fees can be refunded proportionally.
4. Submission of report cards, standardized tests, school transcripts and disciplinary records when applicable.
  5. Decisions to accept a student will be made after all academic (report cards, standardized tests, and school transcripts) and discipline records are available along with the results of the interview and **passing scores** in Math and reading placement tests. Once the student is accepted at IHA, a contract will be offered to the parents to be signed and returned with all fees to be officially registered at IHA.
  6. Since IHA is an Islamic school that teaches the Islamic faith and promotes the Love of God, families need to be in full compliance with the school mission, goals and Islamic teaching methods.
  7. IHA reserves the right not to accept students who were expelled from other schools or who failed academically in the administration's judgment, that IHA will not be able to meet their social, emotional, behavioral or academic needs.
  8. IHA reserves the right not to re-enroll a student who is challenged academically, socially or developmentally and school can no longer serve his needs. `

**Admission guidelines:**

1. Preschool students must be 3 by August 1<sup>st</sup>. They also have to be potty trained and able to use the bathroom independently.
2. Students must be 5 by August 1<sup>st</sup> to enroll in Kindergarten class.

3. With limited capacity and seating, our admission is done on a first come first basis once a classroom is full we will have a waiting list. Enrollment priority is given to the following categories:
  - a. IHA returning students
  - b. Siblings of an IHA student
  - c. A child of an IHA staff or a board member

**Withdrawal Procedure**

Written notification to the school needs to be given at least two week before withdrawal of your child. Parents are responsible for tuition until the end of month in which written notification is received by the School office. PLEASE NOTE: all records will be held until all financial obligations to the school are met. Application, books and activity fees are non-refundable.



## ***Registration checklists***

- New student application form with nonrefundable \$100 fee
- Physical form, Immunization records, Medical information and emergency procedure form
- Copy of Birth certificate (notarized translation if it is not in English) and social security card
- Waiver forms (field trips, activities, and photo)
- Student profile
- Academic records and signed release form
- Child's release or car-pool form (due on first day of school)
- Discipline /guidance policy
- Home language survey (HLS)
- Safe food transportation responsibility form
- \$275 Books, Technology and activities fees due on or before first day of school
- \$150 Snack fee for Preschool and Kindergarten students only due on or before first day of school



### Medical information and Emergency procedure form

Student name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State zip

Phone #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Name and phone of person(s) to be contacted in case parents cannot be reached:  
\_\_\_\_\_

Physician name: \_\_\_\_\_ Phone#: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State: zip

Dentist name: \_\_\_\_\_ Phone#: ( ) \_\_\_\_\_

Hospital reference: \_\_\_\_\_ Health insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Current medical conditions: \_\_\_\_\_

Current medication taken on regular basis: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency waiver:

- I/We authorize Indiana Horizon Academy staff or designated agent to perform CPR or secure emergency medical care for my child when we or our emergency contact person(s) cannot be reached at the time of emergency. I/We will be responsible for the medical charges incurred. My child's doctor information is on file at IHA. I understand that my child may be transferred to a nearby emergency facility by public safety officers, staff or agents of IHA.
- I authorize IHA staff members to give my child any prescription medicine or over the counter (OTC) with a dated and signed written note or prescription from child's pediatrician that will be kept on file. The note should include the child's name, medicine, dosage and frequency and why it is given.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_



## DISCIPLINE/GUIDANCE POLICY

Provider Name \_\_\_\_\_

It is very important a child's development is nurtured through caring, patience and understanding. However, while caring for your children, I may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, I will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliation or isolation

In response to misbehavior, I will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair for no longer than one minute per year of your child's age, if necessary

If your child's behavior is very disruptive or harmful to himself or other children, I will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

Child's name and DOB \_\_\_\_\_ Parent signature: \_\_\_\_\_

Additional techniques to be used with my child: \_\_\_\_\_



**Authorization for release of school academic records**

Name of previous school \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Applicant's name	Grade
_____	_____
_____	_____
_____	_____

This is a request for all pertinent information concerning the above named student(s) who has applied for admission at our school.

Would you please include the following?

- |   |  |
|---|--|
| _____ Transcript of grades                  | _____ Discipline file                      |
| _____ Intellectual/psychological evaluation | _____ Attendance records                   |
| _____ Grading system                        | _____ Standardized test scores             |
| _____ Special education records             | _____ Record of extracurricular activities |
| _____ Teacher and/or counselor observations |  |

_____	_____
Parent signature	Date

Please send all the above information to:

Indiana Horizon Academy  
Attn: Admission Dept.  
9803 Colorado Street Suite B  
Crown Point, IN 46307  
Phone: (219) 796 9490 Fax: (219)627 6114  
Email: [ihacademy13@gmail.com](mailto:ihacademy13@gmail.com)





## Student profile

### General information

Student name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_ M, \_\_\_ F

How do you write your child name in Arabic : \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Ethnicity:  White     Black     Asian     Hispanic     other: \_\_\_\_\_

How do you write your child's name in Arabic: \_\_\_\_\_

Please check one or more of parents' relationship:

\_\_\_\_\_ married

\_\_\_\_\_ divorced

\_\_\_\_\_ stepparent

\_\_\_\_\_ Parent deceased

### Siblings' information:

Name	DOB	School and grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Health:

What is your child general state of physical and emotional health?

\_\_\_\_\_

Indicate any problem or treatment in your child's history: \_\_\_\_\_

\_\_\_\_\_

**Interests:**

What are your child's interests and special areas of competence? In what ways do you share in or help to further these interests or competencies?

---

---

If your child is involved in organized groups, activities, instruction outside school, please list:

---

---

**Islamic and Arabic experience:**

Language spoken at home other than English: \_\_\_\_\_

Can your child use this language to: \_\_\_\_\_ read \_\_\_\_\_ write

Does your child speak Arabic \_\_\_\_\_ can he or she use the language to \_\_\_\_\_ read or \_\_\_\_\_ write?

Has your child attended Islamic school? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If yes what type: \_\_\_\_\_ weekend \_\_\_\_\_ full time \_\_\_\_\_ part time

Did your child receive ESL or bilingual service at school?

---

**Additional information:**

Indicate any further information about your child that you would like us to consider:

---

---

Parent Name: \_\_\_\_\_ Signature and date: \_\_\_\_\_



**BUREAU OF CHILD CARE  
DIVISION OF FAMILY RESOURCES  
SAFE TRANSPORTATION OF FOOD RESPONSIBILITY**

Food must be brought to the facility in clean, insulated, sanitizable containers, which keeps cold food at 41° F or below and hot food at 135° or above. Containers must be clearly labeled with the child's name and date of preparation.

Upon receiving the food from the parent, the facility shall verify the temperature of the food.

When potentially hazardous food temperature is not correct, the facility will not accept the food.

Upon accepting the food, the facility shall maintain correct food temperatures until served.

**PARENT AGREEMENT**

I, \_\_\_\_\_ (Parent's name) will  
provide food for \_\_\_\_\_ (Child's name).

I take full responsibility for the safety of my child's food during preparation, storage, and transportation to the facility.

(Parent's Signature): \_\_\_\_\_ (Date): \_\_\_\_\_



## Car pool and child pick up authorization form

Indiana Horizon Academy requires your consent for your child to be picked up from school by anyone other than the parents or listed guardians. This is for the safety of your child. This form will never supersede your parental authority or denied permission on any specific situation. Please indicate the days that your child(ren) will be carpooling and with whom if you already have a set schedule. Otherwise, the names of persons authorized to pick up your child(ren).

I hereby give my consent for \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_ to be picked up from school by the following person(s):

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Day(s): \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Day(s): \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Day(s): \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_





## ***Tuition fee schedule***

Full time preschool and elementary tuition fee is \$7000 per year per student.

### ***Tuition payment plan***

<b><i>Schedule I</i></b>	<i>Full payment (tuition and fees) Due on the 1<sup>st</sup> September and receives %5 discount applies to full tuition amount only</i>
<b><i>Schedule II</i></b>	<i>Two payments Due on the 1<sup>st</sup> of September and January</i>
<b><i>Schedule III</i></b>	<i>10 payments Due on the 1<sup>st</sup> of each month starting in September and ending in June</i>
<b><u>For all grades</u></b>	<i>Books, activities and technology fee \$275 due on or before first day of school.</i>
<b><i>Preschool and KG extra fees Only</i></b>	<i>\$150 snack and school supplies fees due on or before the first day of school.</i>

#### **Additional Discounts:**

-10% sibling discount for full tuition paying students only (\$7000).

-5% discount applies to full tuition paying students only (\$7000).



## ***Financial Aid program***

**IHA is committed not to turn away students for solely financial reasons.**

- To be considered for financial aid, a student should meet all the admission criteria and is qualified to be accepted at IHA then the family can complete one financial aid application per family with all required documents such as (tax return, last paycheck stub, W-2, 1099's and any other documents that support financial hardship).
- All documents will be submitted to the financial committee for review and decision making based on its guidelines. All records are confidential and will not be shared outside the committee.
- Students must have good academic, attendance and discipline records to ensure continued financial aid support.
- Any change in the financial status of aid recipients should be reported to the committee
- Enrollment contract will be sent with final tuition approved amount. Parents or guardian must sign and return for financial aid to be effective.
- Students who qualify for Indiana State choice voucher program are still responsible for the remaining balance of their tuition and fees.