



**Almadina Academy**  
**2350 Fuji Drive**  
**Columbus, Ohio, 43229**  
**Phone #: (614)423-7018**

Application Packet for 2023-2024

Name of Student: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

**\*\*\* \$50 application fee applies per child. \*\*\***

Documents Checklist:

- \_\_\_\_\_ Copy of Birth Certificate and copy of Social Security Card (not just the number)
- \_\_\_\_\_ Complete Immunization (shot) Records (NOTE: Varicella / Chicken Pox vaccine required)
- \_\_\_\_\_ Copy of Individualized Plan (IEP), if applicable
- \_\_\_\_\_ Proof of residency (copy of current utility bill in the name of parent / guardian, for example)
- \_\_\_\_\_ Copy of parent or guardian's valid OH Driver's License or State ID
- \_\_\_\_\_ Custody / Proof of Guardianship Records, if applicable

The following items are included in this packet.

Item	Page No.	Item	Page No.
Student Information Form (2 pages)	2	Health & Fitness Consent Form	8
Ethnicity / Race Form	4	Martial Arts / Sparring Permission Form	9
Parent Agreement	5	Minor Photo Release Form	10
Transportation Verification Form	6	Parental Referral Form	11
Emergency Medical Authorization	7	Language Usage Survey	Attached

All of the above referenced items should be submitted to the school as soon as possible.

**\*\*To enroll in kindergarten, students must be five on or before September 30, 2019\*\***

Please return completed application and copies of above items (mail, fax, email, or in-person) to:

Almadina Academy  
 2350 Fuji Dr.  
 Columbus, Ohio 43229  
 frontdesk@almadinaacademyohio.org

This school does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and services.



STUDENT INFORMATION FORM: HISTORY

Name of Student: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Please list all other children living with the family.

Name	Birth Date	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your student ever received counseling or psychological testing? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your student have an active Individualized Education Plan (IEP)? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your student experienced any physical, emotional mental, or social problems within the past two school years?

Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please explain) \_\_\_\_\_

\_\_\_\_\_

Has your student ever been: Suspended \_\_\_\_\_ Expelled \_\_\_\_\_ No \_\_\_\_\_

If suspended or expelled, please explain: \_\_\_\_\_

\_\_\_\_\_

Please describe any special needs that your student may require including medical conditions, physical limitations, or other special needs of which you would like the school to be aware:

a. Academic (if any): \_\_\_\_\_

\_\_\_\_\_

b. Medical / Physical (if any): \_\_\_\_\_

\_\_\_\_\_

c. Medications to be given to the student during the school day: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe (you must also sign a medication permission form): \_\_\_\_\_

\_\_\_\_\_

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

ETHNICITY / RACE/ DATA COLLECTION FORM

(Required by Federal regulations)

Name of Student: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

The United States Department of Education has issued guidelines requiring the collection of data on race and ethnicity for public school students. The federal government, which requires all states to collect this information, has developed a new to report ethnicity and race that includes new categories.

If the following questions are not answered by the parent of guardian, the District Enrollment Officer will be required to use observation identification to determine the student's designation. The determination will be reported to the parent of guardian.

Part I – Is this student of Hispanic / Latino heritage? (Choose only one)

\_\_\_\_\_ No, not Hispanic / Latino

\_\_\_\_\_ Yes, Hispanic / Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race).

The above question about ethnicity, not race. No matter what you selected above, please continue to answer Part II by checking one or more options to indicate what you consider your students race to be.

Part II – Race (Choose one or more, regardless of Ethnicity)

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific islander

\_\_\_\_\_ White

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

FOR OFFICE USE ONLY

Parent/Guardian chose not to complete Ethnicity / Race information and determination was made by the Academy.

Enrollment Office: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT AGREEMENT

The parent or guardian of a child attending the Academy must:

1. Transport student to and from school on time daily, unless parent has opted to use district-provided transportation. Parents or designee must also be available to transport children who must be removed from school due to illness or other circumstances.
2. Adhere to the school schedule as well as the occasional cancellation of classes.
3. Adhere to the school schedule for arrival and dismissal times. Absenteeism, tardiness, and late dismissals (not pre-arranged) will not be tolerated.
4. Ensure that daily homework assignments are completed.
5. Participate in a minimum of twenty (20) parent / family volunteer hours per academic year, which may include:  
Parent Teacher Organization (PTO), attendance, driving to / from field trips, classroom / office attendance, and / or fundraising.
6. Ensure that your child meets all immunization requirements for the State of Ohio and meets all school requirements if the child has special health needs.
7. Keep child at home if he / she has a communicable disease or temperature above 99.8 degrees.
8. Attend meetings of the Parent Teacher Organization (PTO) once a month.
9. Attend all parent / teacher conferences.
10. Meet the uniform requirements of the school and ensure that your child is in complete uniform each day of class.
11. Understand that the Academy is an Islamic school established under Chapter 3314 of the Revised Code. The Academy is a charter non-public school and students enrolled in and attending the Academy are required to take proficiency tests and other examinations prescribed by law. In addition, there may be other requirements for students at the school that are prescribed by law. Students who have been excused from the compulsory attendance law for the purpose of home education as defined by the Administrative Code shall no longer be excused for that purpose upon their enrollment in a charter school. (For more information about this matter contact the Academy.)

I have read the above and understand the contents of the information as explained during the interview and orientation meeting with the Academy officials.

I agree to these terms.

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

VERIFICATION FORM  
TRANSPORTATION / PICK-UP

Name of Student: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

I am permitting the following persons to transport my child to/from school. I understand that if a person that is not on the following list shows up to transport my child, the school will not release the student without first contacting the parent / guardian. All persons must be at least eighteen (18) years old.

	FULL NAME (as it appears on valid state ID)	RELATIONSHIP	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

The following persons are NOT permitted to transport my child (if applicable):

	NAME
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____

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

EMERGENCY MEDICAL AUTHORIZATION

Name of Student: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Parent/Guardian Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Persons to contact in the event the school cannot reach you:

	NAME (as it appears on valid state ID)	RELATIONSHIP	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

PART I OR II MUST BE COMPLETED—PLEASE COMPLETE ONLY PART I OR PART II

PART I: TO GRANT CONSENT I hereby give consent for the following medical care providers and local hospitals to be called:

NAME	PHONE NUMBER
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1. Doctor: \_\_\_\_\_
2. Dentist: \_\_\_\_\_
3. Hospital: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event *the* designated preferred practitioner is not available, by *another* licensed physician or dentist; and (2) the transfer of the child to *any* hospital reasonably accessible. This authorization does not cover surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to *the* performance of such surgery.

Facts concerning *the* child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

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

PART II: REFUSAL TO CONSENT I do NOT give my consent for emergency medical treatment of *my* child, In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action(s):

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

**HEALTH & FITNESS PARENTAL CONSENT FORM**

Name of Student: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

I hereby certify that I am the parent/legal guardian of the student named above, and that to the best of my knowledge, he/she is physically fit to participate in all sporting events scheduled through the Academy, subject to the limitations listed below.

It is understood that by signing this contract, I agree to abide by the rules and regulations of the school's fitness program. It is also understood that signing this contract releases from liability, the school and/or fitness instructors from any injuries sustained during his/her participation in all sporting events or practices,

Insurance: It is the responsibility of each parent/legal guardian to adequately cover their child participating in any sporting event through the Academy program with proper insurance.

Please list below any illness, injury, limitation, or other medical condition that would limit your child's participation in the fitness program in any way. Please not "None" if your child does not have limitation. \*\*\*If your child has asthma but will be participating in the Fitness program, he/she MUST bring his/her inhaler to fitness class each day. You MUST fill out medication permission forms for inhalers to be permitted in fitness classes.

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**WARNING:**

I am aware that playing or practicing to play/ participate in any sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or practicing to play / participate in sports include, but are not limited to: death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system, and serious injury or impairment to other aspects of the body, general health and well-being. I understand that the dangers of playing or practicing to play / participate in sports may result not only in serious injury, but in serious impairment of my child's future abilities to earn a living, to engage in other business, social and recreational activities and generally enjoy his or her life.

Parent/Guardian Signature: \_\_\_\_\_

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



## DIRECTORY & MINOR PHOTO RELEASE FORM

With my signature below, I give the Academy permission to publish in print, electronic or video format the likeness or image of my child. I release all claims against the school or its representatives with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

With my signature I also am informing the Academy that I do not wish to release my or my child's directory information when a request for directory information is made with the Academy by another party not related to the Academy.

Student's Name: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

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

### General Guidelines

A release must be obtained when photographing or videotaping a minor (under 18). Parent or guardian signatures are required; signatures of minors are not sufficient. When images are published, the school or its representative will take cautionary steps to provide minimum identifying information and will not use specific street or mailing addresses, e-mail addresses, or phone numbers. Signed release forms are not needed when subjects are in public places, such as fairgrounds or parks. It is the responsibility of the photographer or videographer to obtain signed release forms and maintain records. If you have questions, please inquire at your child's school office.

PARENT REFERRAL FORM

Name of Student: \_\_\_\_\_

How did you hear about the Academy (Check all that apply):

1. \_\_\_\_\_ A flyer came to my home
2. \_\_\_\_\_ I saw the Academy on the Internet(online)
3. \_\_\_\_\_ I read an advertisement in the \_\_\_\_\_ (name of paper or periodical)
4. \_\_\_\_\_ I saw a billboard for the Academy
5. \_\_\_\_\_ I saw an advertisement on radio station \_\_\_\_\_
6. \_\_\_\_\_ I saw an advertisement on TV station \_\_\_\_\_
7. \_\_\_\_\_ I was referred by a parent, \_\_\_\_\_ (name of parent)
8. \_\_\_\_\_ I was referred by an employee, \_\_\_\_\_ (name of employee)
9. \_\_\_\_\_ Other \_\_\_\_\_ (please note)

The Academy appreciates your feedback.

