



Hamza Academy
 202 Stuart Avenue
 Valley Stream, New York 11580
 Phone: 516-285-1440 | Fax: 516-285-8580
 administration@hamzaacademy.org



New Student Registration Form 2021-2022

SECTION A - STUDENT INFORMATION

Last Name:	First & Middle Name	Sex: [<input type="checkbox"/>] Male [<input type="checkbox"/>] Female
Date of Birth:	Country of Birth:	Ethnicity:
Home Address:	City & State:	Zip Code:
Home School District:	Home School District Phone #:	Home School District Address:
School Last Attended:	Last Attendance Date:	School Last Attended Phone #:

SECTION B - HEALTH & WELLBEING

Name of Current Doctor/Clinic:	Phone:
Allergies:	
Latest Vision Test Date:	Latest Dental Check Date:
Any Medical Issues:	Medication(s):
Any Behavioral Issues :	Special Considerations:
<i>Please note: Hamza Academy staff is not permitted to administer daily medications to students</i>	

SECTION C - SIBLING

Please list your other children who are enrolled in Hamza Academy:	
Name:	Grade:
Name:	Grade:
Name:	Grade:
Name:	Grade:

For Office Use ONLY

[] Accepted

[] Rejected

Date Application Submitted:	Grade to be Enrolled:	Test/Interview Date:
Date of Enrollment:	Enrolled By:	Enrollment Fee Paid:
Director Signature:	Date:	



Section D - Family Information

Student Living with (please check one) : Parents Foster Parents Guardian/Other Relative

Father or Guardian 1 Information (If guardian, please specify relationship: _____):

Last Name:	First & Middle Name:
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Address (if different than student):

Mobile:	Work Phone:	Home Phone:
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Email Address:	Occupation (optional):
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Mother or Guardian 2 Information (If guardian, please specify relationship: _____):

Last Name:	First & Middle Name:
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Address (if different than student):

Mobile:	Work Phone:	Home Phone:
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Email Address:	Occupation (optional):
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Section E - Emergency Contacts/Pick-up List

If your child(ren) becomes ill while in Hamza Academy, but does not require emergency medical treatment, you will be called immediately. In the event you are not available, the number provided by you below will be called in. These emergency contacts (listed below) are authorized to pick up your child(ren). In the event, the child needs emergency medical treatment, 911 will be called in and the child will be taken to the nearest emergency room for treatment. In the event that you are not available, or unable to pick up your child(ren) from Hamza Academy at the time of dismissal, the person(s) listed below is/ are authorized to pick up your child(ren) in your place.

*** You MUST provide at-least 3 emergency/authorization for pick-up contacts besides parents/ guardians listed above***

Name	Relationship to child	Phone Number

I hereby give my consent to the staff at Hamza Academy to authorize emergency medical, surgical and/or dental treatment for my child if I cannot be reached. In consideration of the services provided to my child by Hamza Academy, I hereby agree to indemnify and hold harmless Hamza Academy, its directors, agents, employees or volunteers from any and all losses, liabilities, claims, damages, costs and expenses which may arise as a consequence or result of the release of my child to any of the aforementioned substitutes.

Parent Name:	Signature:	Date:
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SECTION F - HAMZA ACADEMY POLICIES CONTRACT (Please initial your name)

- ___ I understand that I will familiarize myself with school rules and policies and require my child to follow them at all times.
- ___ I understand that I am responsible for the enrollment fees during the time of registration which are refundable if my child is not accepted.
- ___ I understand that I am responsible for paying each month's tuition on time. I understand that I have to fulfill all financial agreements, including the late service fee of \$2.00 per day after the due date for the overdue tuition. I understand that If I plan to go away for a month (or more) during the school year, I am still responsible for the remaining balance. My child may need to be discharged and re-enrolled upon our return. I understand that this may impact my child's academic standing.
- ___ **I understand that, per our family handbook, my child/ren will be discharged from the school, if 2 payments are missed for the upcoming school year.**
- ___ I understand that Hamza Academy reserves the right to discharge a student at any time (due to safety, behavioral, academic reasons or non-payment of fees). Hamza Academy reserves the right to request parents to enroll a special needs student at another facility, in order for the student to receive professional special needs services that Hamza Academy cannot provide. Hamza Academy reserves the right for academic/behavioral or other screening of any student. If further evaluation is recommended, the school district and/or parents will be notified.
- ___ I understand that If I must follow the school parking lot policy during school hours. This includes not blocking the exit points during the school drop off or pick up timings and no loitering, waiting, or socializing during the parking lot/playground during school hours.
- ___ I understand that parents and students must abide by all school rules and regulations (e.g. uniform, I.D., etc.). The school reserves the right to fail any student who does not meet school standards.
- ___ I understand that tuition is non refundable or transferable for any reason such as suspensions, expulsions, or school closings. In order to re-register, all previous accounts must be paid in full. Parents who withdraw their children anytime during the school year are responsible for ONE MONTH tuition due to our penalty withdrawal policy. Upon withdrawal from the school, all payments must be paid in cash or a check or Zelle Quickpay. School transcripts/records and all official letters will be held until all accounts are paid in full.
- ___ I understand that my child's enrollment status and/or student records may be affected if 1) tuition and fees are not fulfilled by the given deadlines or 2) a school policy is broken, pending the decision of the School Director and Board. Fees are subject to change and you will be notified of any changes.
- ___ I understand that returned/bounced checks due to "insufficient funds" will incur a fee of a minimum of \$15.00 per check depending on the penalty charge by the bank.
- ___ Parents are responsible for paying for any lost/stolen textbooks. Parents are entitled to all workbooks.
- ___ I understand that I give the school authorization for immediate medical care, in the event that my child needs immediate emergency attention.
- ___ I understand that students must be picked up by dismissal time. They will only be released to their parents or an authorized person on the pick-up list. Students left by parents/guardians in the school building before/after school hours will not be the responsibility of the school. Students who are picked up after dismissal time which is at 3pm, will be charged a late pick-up fee of \$10.00 for every 15 minutes.
- ___ I understand that if deemed necessary by school personnel, I authorize Hamza Academy to initiate any evaluations through the School District office relating to my child's needs. I understand that initiating this process may result in services being provided in order to meet my child's needs. I will be informed prior to any actions taken regarding my child.
- ___ I understand that my child may participate in interviews, the use of quotes, photographs, movies, and/or videos that may be published in print and/or electronically. Hamza Academy may use photographs of my child and his/her name for any lawful purposes, including publicity, school newsletter, school website, school brochure, school advertising, school web content, etc. I also hereby release Hamza Academy and its school's representatives and employees from all claims, demands, and liabilities whatsoever in connection with the above. (Parents may file written "do not photograph/do not record" statement with main office in the form of a letter)
- ___ Hamza Academy cannot be held accountable for any liability resulting from student participation in field trips, except in case of its sole and gross negligence, for damage because of bodily injury, including death at any time resulting therefrom, sustained by any child or by any person or persons, or on account of damage to property arising out of such participation. A permission slip must be signed by parents for every trip separately.



- ___ I understand that Hamza Academy cannot be held accountable for any liability resulting from student participation in any physical activities provided by Hamza Academy including but not limited to gym, except in case of its sole and gross negligence, for damage because of bodily injury, including death at any time resulting therefrom, sustained by any child or by any person or persons, or on account of damage to property arising out of such participation. Parents may file a written “non-participation” statement from the student's doctor detailing temporary or permanent physical limitations due to a medical condition with the school office.
- ___ I understand that students are expected to attend school all day, and every day that school is in session. Parents are asked to cooperate with this expectation and not ask to have children leave before regular dismissal time (2:45 p.m.) Interruptions to the school day should be avoided. I understand that I should schedule any medical and dental appointments after school hours, so learning time is not disrupted. If my child is frequently absent in the school then I must provide valid documentation to count the absence/tardiness as an excuse for absence.
- ___ I understand that if my information is updated then I must notify the school with any changes with the information provided on the application.
- ___ I understand that by registering and maintaining enrollment in all upcoming years, parents and students agree to abide by all school policies, terms, and conditions until the child is enrolled in Hamza Academy.
- ___ I understand that it is my responsibility to frequently check all the emails/posts/notice/text messages regarding any changes in the school policy so that I can keep up with the updates.

By signing below, I understand all of Hamza Academy terms and policies stipulated in the Family Handbook, which can be found online, and stated above.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Relationship to Student: _____ Date: _____



SECTION G - RECORDS RELEASE AGREEMENT

Under the Family and Education Rights and Privacy Act (FERPA), schools have the right to disclose information records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

I hereby authorize Hamza Academy to release any student records as necessary. I also hereby authorize

Hamza Academy to obtain all _____'s student records from:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

SECTION H - CUSTODY REQUIREMENTS

If you are legally separated or divorced, the law requires you to provide Hamza Academy with a copy of the child custody order or decree indicating full or joint (shared) custody and indicate the residential parent for school purposes. These papers must be court stamped and include the signature page. Also, whenever there is a modification of the order or decrees, the custodial parent/guardian shall provide the school with a copy of the updated order of decree that makes the modification. The order should be included with this form.

- I am the child's legal guardian.
- I have legal full or joint (shared) custody of the child as assigned by the courts.
- I do not have full or joint (shared) custody of the child as assigned by the courts. Please explain:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Relationship to Student: _____ Date: _____



PLEASE CIRCLE WHICH TUITION PLAN YOU AGREE TO FULFILL FOR 2021-2022
TUITION PLAN OPTIONS OVER 10 MONTHS

Tuition Amount Annually	PLAN 1 (5% Discount) Lump Sum Payment Plan	PLAN 2 (2 % Discount) Bi-Annual Payment Plan	PLAN 3 Monthly Payment Plan
\$5,250 - 1 Child \$10,130 - 2 Siblings \$14,600 - 3 Siblings	\$4,988 - 1 Child \$9,624 - 2 Siblings \$13,870 - 3 Siblings	\$5,146 - 1 Child \$9,928 - 2 Siblings \$14,308 - 3 Siblings	\$5,250 - 1 Child \$10,130 - 2 Siblings \$14,600 - 3 Siblings
Payment Due TBA	\$4,988 - 1 Child \$9,624 - 2 Siblings \$ 13,870 - 3 Siblings	\$2,573 - 1 Child \$4,964 - 2 Siblings \$7,154 - 3 Siblings	\$525 - 1 Child \$1,013 - 2 Siblings \$ 1,460 - 3 Siblings
TBA			\$525 - 1 Child \$1,013 - 2 Siblings \$ 1,460 - 3 Siblings
TBA			\$525 - 1 Child \$1,013 - 2 Siblings \$ 1,460 - 3 Siblings
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TBA		\$2,573 - 1 Child \$4,964 - 2 Siblings \$7,154 - 3 Siblings	\$525 - 1 Child \$1,013 - 2 Siblings \$ 1,460 - 3 Siblings
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***PAYMENTS DUE DATES SUBJECT TO CHANGE**