



MOHAMMED SCHOOLS OF ATLANTA

735 FAYETTEVILLE ROAD, ATLANTA, GA
PHONE: (404) 378-4219 FAX: (678) 263-7747
secretary@mohammedschools.org

Application for Admission 2024-2025

Dear Prospective Parents,

We are excited by your interest in the Mohammed Schools of Atlanta (MSOA). As the oldest Islamic school accredited by COGNIA (formerly AdvancED/SACS or Southern Association of Colleges and Schools) in Atlanta, MSOA has a long history of serving children and families in and around the Atlanta area.

Families choose MSA because we are a close-knit community school. At MSOA, students develop meaningful relationships with one another and with their teachers. Our parents are expected to be actively involved throughout the school. We come together within a safe, supportive environment to form a family of Caliphs (vicegerents, caretakers, and protectors).

Our mission is to provide an education based on Qur'anic principles and their universal application. Our goal is to teach all students to accept their G'd-given responsibilities and full potential, as we provide a nurturing environment that engages students in discovery and critical thinking. We strive to develop a cooperative partnership among students, family and community in creating a dynamic, prosperous, G'd conscious community of enlightened leaders and effective global citizens.

We value each child as a unique and special individual at Mohammed Schools. Therefore, we look forward to building a team of mutually rewarding partnerships that will result in reciprocal benefit and greater progress for both the students and Mohammed Schools.

Please review the attached application, complete it in its entirety, and sign where necessary. Thank you for considering Mohammed Schools as your choice for a quality educational alternative.

If you have any questions at any time during the enrollment process, please contact the school's office between the hours of 8:00 a.m. and 4:00 p.m. or send an email to secretary@mohammedschools.org



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Sincerely,
Mohammed Schools of Atlanta Staff

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Admissions Policy

To determine eligibility for acceptance, each applicant's information is reviewed and evaluated by an Admission's Committee. A prospective student should meet the following criteria to be admitted to Mohammed Schools of Atlanta. Before an admission decision can be rendered enrollees (and their parents) are required to adhere to the following Admissions Process:

STEP ONE

- Students, along with their parents or legal guardians, must complete a tour of the school.
- A completed application should be submitted along with the following documents:
 - Official Birth Certificate
 - A current Georgia Immunization Form (Form 3231). Out of state immunization information needs to be taken to the DeKalb County Health Department for transfer to the Georgia form.
 - Certificate of eye, ear, and dental screening (Form 3300). These forms are available from the DeKalb County Health Department or from a private practitioner.
 - A copy of Legal Guardianship processed through the probate court (if applicable).
 - School Records (current report, standardized test scores, and or an official transcript).
 - IEP (if applicable).

Grades 5-12

- Student must submit two letters of recommendation from a previous teacher, counselor, and/or principal.
- Student must present a type-written two-page essay entitled "Why I Want to Attend Mohammed Schools of Atlanta."

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STEP TWO

- Formal Interview of student and parent together.
- Review of school rules/procedures, uniform policies, and expectations.
- Formal student interview (based on the review of all supporting documents).
- Meeting with Principal/Director.



Review and signing of:

- Parental
- Tuition
- Payment



- Involvement Agreement
- Commitment
- Authorization Form

After completion of **STEP TWO** the parent will receive an official letter indicating acceptance or non-acceptance (with an explanation) before moving on to step three.

STEP THREE: PAYMENT OF REQUIRED FEES

- Activity
- Tuition
- Matriculation
- Registration Fee (non-refundable)

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Additionally,

- Along with parent/guardian, students must complete a required School Orientation Program.
- Accept School Service assignments as part of the Community Service Program designated to assist the student and school operations, under the supervision of school staff. Students in grades 5 through 12 will gain valuable work experience and valuable community service hours which become a part of the student’s permanent record.

ADMISSIONS CRITERIA

The Mohammed School System provides for its students an academic and social environment conducive to moral, spiritual, and intellectual growth. The pursuit of knowledge and its application are considered the God-given right and obligation of every student. The Mohammed Schools of Atlanta welcomes student applicants who demonstrate commitment to the pursuit of moral and academic excellence.

Any student whose records indicate academic and/or behavioral problems must have an additional interview with designated school personnel who may include the School Counselor, Instructional Lead Teacher, Intervention Specialist, and/or the Principal or Director.

All students are placed on a probation status through the first semester of the school term and evaluated for continued matriculation at that time. The school maintains high academic and behavior expectations for all students and reserves the right to deny continued enrollment to any student not meeting the schools’ standards. Upon acceptance, all students in grades K-12 are tested to determine special needs and placement.

SCHOOL OFFICE HOURS

7:30 a.m.— 4:00 p.m.

STUDENT’S DAY

8:00 a.m.—3:30 p.m.

Prospective Students Must:

- Demonstrate a strong interest in academic learning.
- Have a record of good social and moral conduct.



Age Requirements

A child must be **(by September 1)** five years old to enter kindergarten or six years old to enter first grade at Clara Mohammed Elementary School. The school’s pre-school program accepts students who will be three or four years of age by September 1st of the current school year.

Tuition Payment: Tuition is owed for the entire school term, even if your child is absent for an extended period.

Non-Discrimination Policy: The Mohammed Schools does not discriminate based on race, color, religion, national and ethnic origin in the administration of its educational policies, admissions policies, athletic and other school-administered programs, nor in the hiring of faculty or administrative staff.

NOTE: An application for admission is not complete unless all requirements are satisfied.



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Student Information (please print)

Date: ____/____/____
____/____/____

Date Entered:

Student’s Legal Name: Last _____ First _____
Middle _____

Address _____ City _____ State ____ Zip/County
____/____

Date of Birth: ____/____/____ Gender: M F Grade Entering: _____ Social Security Number: _____
(optional)

Check one: SS number provided Verification of SSC provided SSC wavier provided

I understand that my child’s Social Security Number will be required for HOPE Scholarship eligibility.

Phone: (____) _____ - _____ Email Address: _____

Place of Birth: City _____ State _____ Country _____

If born outside of the United States: Date of arrival to the United States _____

What language does this student speak most often at home? _____

What was the first language this student learned to speak? _____

List dialect (if applicable) _____

PREVIOUS SCHOOL INFORMATION

Federally Mandated Questions: Please answer both parts:

Part A— Ethnicity: Is the student Hispanic or Latino? (choose 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 part of the question is about ethnicity, not race.
No matter what you select above, please continue to Part B.**

Part B—**Race:** What is the student's race? (choose all that apply)

- American Indian or Alaska Native** (a person having origins in any of the original peoples of North and South America, including Central America) and who maintains tribal affiliation or community attachment.
- Asian** (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, and Vietnam).
- Black or African American** (A person having origins in any of the black racial groups of Africa).
- Native Hawaiian** or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).
- White** (a person having origins in any of the original peoples of Europe, the Middle East, or North America).



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Special Programs

Was your child receiving any of the following support services?

- IEP (Individualized Education Plan)
- Early Intervention Program (EIP)
- Gifted Program
- Remedial Ed Program (REP)
- Section 504 Plan
- Title I Program (TA only- targeted assistance)
- Response to Intervention (RTI)/Student Support Team (SST)
- English Language (EL)
- Reading Class

EMERGENCY CLOSING INSTRUCTIONS

Should school be dismissed early, we need to know if your child is to be picked up by you. Weather, plumbing, electrical problems, or other emergencies could cause us to dismiss early. It is important that arrangements are made in case of these unforeseen events.

Check One

- Parent Pick-up
- Other (please explain): _____

HEALTH

Physical Conditions or Concerns

Allergies Yes No Asthma Yes No
Diabetes Yes No Seizures Yes No

If you answered yes to any of the above, please give detailed specifics in the space provided along with any other physical or mental health issues which may be a concern at school.

Does your child take any prescribed medications routinely? List:

Please Note: Mohammed Schools is not authorized to give medication to students.

DISCIPLINE

Yes No Is this student under a current expulsion or suspension order from this or another school system?

Yes No Has the student ever been expelled?

If yes to either of the above, please fill out the following information.

Reason for Expulsion:



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Date Expelled or Suspended: ___/___/___ Any person who knowingly provides false information or documentation in connection with the registration of a student may be criminally liable under O.C.G.A. 16-10-20. Should school officials determine that false information or documentation has been submitted, a report will be filed with the appropriate law enforcement officials.

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PARENT/LEGAL GUARDIAN CERTIFICATION

- ___ I am authorized to enroll this student and understand that in compliance with OCGA 20-2-780 that having enrolled the student I am the only person who can withdraw the student unless a court order applies.
- ___ The address listed on this form is the physical location where the student resides.
- ___ I have provided the student's Georgia Certificate of Immunization (Form 3231) or agree to provide Form 3231 with the time specified on the Notification of Waiver form.
- ___ This student is NOT currently on suspension or expulsion status from another school.
- ___ I understand that this student's enrollment is contingent, pending receipt of all documentation (vital records, disciplinary, transcript, etc.)
- ___ I understand that if this student is being enrolled in a previous grade without all required documentation, this student is being provided educational services based on the information provided.

Who has legal custody?

- Both Parents Father Mother Grandparent(s) Ward of Court

Legal Guardian (**Must provide school with copy of Legal Pagers**)

With whom does the child primarily live?

- Both Parents Father Mother Grandparent(s) Ward of Court

Legal Guardian (Must provide school with copy of Legal Pagers)

Mother/ Legal Guardian:

Address: _____

Phone: () _____ - _____ Cell: () _____ - _____ Work:
() _____ - _____ Email

Address: _____

Father/ Legal Guardian:

Address: _____ (If different from the
above)

Phone: () _____ - _____ Cell: () _____ - _____ Work: () _____ - _____

SIBLINGS

Name of Sibling	Age	Grade



SCHOOLS OF



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EMERGENCY CONTACT

The following people have permission to pick up my child(ren) from school without further contact from me and in the event of an emergency when the Parent/Legal Guardian cannot be reached.

Emergency Contact 1: _____ Relationship _____

Cell # () _____ - _____ Home # () _____ - _____ Work # () _____ - _____

Emergency Contact 2: _____ Relationship _____

Cell # () _____ - _____ Home # () _____ - _____ Work # () _____ - _____

Emergency Contact 3: _____ Relationship _____

Cell # () _____ - _____ Home # () _____ - _____ Work # () _____ - _____

I authorize medical, surgical treatment, x-rays, laboratory, anesthesia, and other medical and or hospital procedures as deemed necessary to be performed or prescribed by the attending physician or paramedics for my child and waive my right to informed consent of treatment. This waiver only applies in the event neither parent/guardian can be reached.

Parent/Guardian Signature

Date

PARENT/GUARDIAN SIGNATURE

relationship to the student is:

- Biological parent (stepparents are not allowed to complete the registration process without additional documents)
- Legal Guardian (documentation needed)
- Person having lawful Court Order (copy required)
- Other (Non- Parental Affidavit required)
- Self/Student (must be 18 years or older)

I hereby certify that all the information contained in this registration package is true and accurate to the best of my knowledge.

Print Name

Date

Signature

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Student Records Request

Please send records to the address above

Previous School: _____

School Address: _____

Phone: _____ Fax: _____

City, State, Zip: _____

I am requesting records for:

Student's Name: _____

Date of Birth: ____/____/____ Grade: _____

Please include the following:

- Withdrawal Form including grades
- Official Transcript (current and last semester grades)
- Current Report
- Disciplinary Record
- Current Testing Data
- 9th Grade Entry Date ____/____/____ (if applicable)

Parent or Guardian Signature: _____ Date: ____/____/____

The final regulations of the Family Education Rights and Privacy Act (FERPA), 1976 (Buckley Amendment) no longer require written parental consent to release student educational records between schools. These rules state that school officials in schools' systems in which the student may intend to enroll may release and receive student's records without written consent for each release.



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Fees and Payments

Welcome to Mohammed Schools of Atlanta, a student centered, community school growing faithful scholar leaders.

REGISTRATION FEE

New and returning students: A \$150 non-refundable fee is due with registration packet by April 30th. After April 30th, the registration fee for new and returning students increases to \$200 per family. After June 30, the registration fee for new and returning students is \$250 per family and \$50 for each additional new student.

SCHOOL FEES—Includes Testing, School Insurance, Subscriptions, Online Assessments, Classroom Resources

Early Childhood (PreK-3,4 & Kindergarten)	\$100 non-refundable fee due by August 1
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Elementary School	\$175 non-refundable fee due by August 1
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Middle School and High School	\$225 non-refundable fee due by August 1
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TUITION RATES	No. of Students	Yearly Tuition	Annual Payment Discount (5%)	Semi/Annual Discount (2.5%)	Monthly Tuition	
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	1	\$7,100.00	\$6,745.00	\$3372.50	\$710.00	
	2	\$13,490.00	\$12,815.50	\$6407.75	\$1,349.00	
	3	\$19,383.00	\$18,413.85	\$9,206.90	\$1,938.00	
	4	\$28,400.00	\$26,980.00	\$13,490.00	\$2,840.00	
	5	\$35,500.00	\$33,725.00	\$16,862.50	\$3,550.00	

ADDITIONAL FEES (Paid separately)

\$75 (For all returned checks)

Late Payment Fees	\$75 if tuition is not paid by the 5 th of each month
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Graduation Fee	Kindergarten-\$75/ 8th Grade- \$100/12th Grade - \$200 (Due by Nov. 1st)
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School Lunch Program	
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IPTSCA Membership	\$10 for adults/\$5 for students/or \$20 per family. Payable to the IPTSCA
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Payment Plan 1	Yearly (1 Payment)	Parent 's Signature _____ Date __/__/__
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Payment Plan 2	Semester (2 Payments)	Parent 's Signature _____ Date __/__/__
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Payment Plan 3	Monthly (10 Payments)	Parent 's Signature _____ Date __/__/__
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TOTAL FEES DUE: _____		
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TUITION COMMITMENT

I have chosen payment plan # ____ and I agree to pay \$ _____ for the entire school year in full.

August 5, 2024, or 10 equal monthly payments beginning August 1st. I also understand a returned check fee of \$50.00 will be assessed on all returned checks.

ALL RETURNED CHECKS MUST BE PAID IN CASH.

- A. I understand that a late fee of \$75.00 will be applied to my account if payment has not been received by the 5th of the month.
- B. I understand Mohammed School reserves the right to terminate enrollment and the parent will **remain liable for the balance due for the remainder of the contract** as well as any expense associated with recovery of said debt including court or collection cost. **No school records (academic or health)** will be released if there is an outstanding balance on the student’s account.
- C. I also understand **annual tuition** is due for each student. The school’s budget is planned and carried out based on student enrollment. Students who are withdrawn for any reason are obligated to the annual tuition defined in this contract. Families relocating beyond a 30- mile radius may withdraw with one (1) month’s written notice and one (1) month’s payment. Verification must be provided.
- D. If this contract is broken for any other reason, Mohammed Schools reserves the right to demand and collect any legal monthly tuition fees or administration fees which may have been incurred.
- E. I understand that this is a **legally binding contract** and I agree to financially support the program of Mohammed Schools.
- F. I understand that the application processing, activity, and matriculation fees are **NON - REFUNDABLE**.

Parent/Guardian Signature

Date



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Recurring Payment Authorization Form

For your convenience, we require the automatic recurring billing process. Simply complete the credit card information section below and sign the form or pre-date and sign 10 months of checks to be deposited on or before the fifth of each month. By signing this form, you are giving permission to Mohammed Schools to bill your credit card or deposit your checks for the amount indicated. Your total charges will appear on your monthly credit card statement and/or your monthly bank statement.

CUSTOMER INFORMATION

Contact Name: _____

Email Address: _____

Payment Information

Product/Service: _____

Recurring Amount: _____

Weekly Monthly Bi-Weekly

Bi-Monthly Annual Bi-Annual

Date to begin payment: ____/____/____ Date to end payment: ____/____/____

Card Information

Card Type: Master Card Visa Discover Amex Other

Card Number: □□□□□□□□□□ Expiration Date: ____/____/____ CVV: ____

Cardholder Name: _____

Cardholder Address: _____

Phone: _____ (home) _____ (cell)

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Media Release Form

I give the Mohammed Schools of Atlanta the right and permission to publish/use photographs and video/audio tapes of me (a Mohammed Schools student aged 18 or over) or my child (a Mohammed Schools student under age 18):

I do not give the Mohammed Schools of Atlanta the right and permission to publish/use photographs and video/audio tapes of me (a Mohammed Schools student aged 18 or over) or my child (a Mohammed Schools student under age 18):

[Please print the name of student]

I understand that such reproductions could be used to publicize/promote the Mohammed Schools of Atlanta through its own media productions or the local commercial media.

I waive any right to inspect and/or approve the finished product and release the Mohammed Schools from any liability by virtue of distortion by processing.

I accept responsibility, knowing that this release form is on file, to withdraw my permission by notifying the school in writing if necessary.

I, on behalf of myself, my spouse, and my child, discharge and agree to hold harmless the Mohammed Schools of Atlanta, its agents, and employees from any liability by virtue of the use of photographs or tapes of my child.

Parent Signature (for children under 18)

Date

Student Signature (if 18 years or older)

Date