

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



MOHAMMED

SCHOOLS OF ATLANTA

735 FAYETTEVILLE ROAD, ATLANTA, GA 30316

Phone: 404 378-4219 Fax: 404 378-4600

www.secretary@mohammedschools.org

Application for Admission

2018-2019

Dear Prospective Parents,

We are excited by your interest in the Mohammed Schools of Atlanta (MSA). As the oldest Islamic school accredited by GAC and SACS in Atlanta, MSA 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 MSA, 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 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 email secretary@mohammedschools.org.

Sincerely,

Mohammed Schools of Atlanta Staff



MOHAMMED SCHOOLS OF ATLANTA

735 Fayetteville Road Atlanta, GA 30316

Phone: 404 378-4219 Fax: 404 378-4600

www.secretary@mohammedschools.org

Admissions Policy

To determine eligibility for acceptance, each applicant's information is reviewed and evaluated by an Admissions Committee. Before an admission decision can be rendered, new enrollees (and their parents) are required to adhere to the following Admissions' Process:

STEP ONE

- Take a campus tour
- A completed Student Registration is submitted along with a copy of student's:
 - Official Birth Certificate
 - Social Security card, waiver or verification form
 - Georgia Immunization (Form 3231)
 - Certificate of ear, eye, and dental examination
 - Current report card and/or an official transcript
 - Standardized test scores
 - Submit IEP (if applicable)

STUDENTS IN GRADES 5-12 MUST:

- Submit two letters of recommendation from previous school personnel
- Prepare a type-written two-page essay entitled "Why I Want to Attend Mohammed Schools of Atlanta"

STEP TWO

- Formal interview with student and parent together
- Review of school rules/procedures, uniform policies, and expectations
- Formal student interview
- Meeting with Principal/Director

Review and signing of:

- Parental Involvement Agreement
- Enrollment Contract
- Textbook and workbook requirement

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.



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

MOHAMMED SCHOOLS OF ATLANTA
735 Fayetteville Road Atlanta, GA 30316
Phone: 404 378-4219 Fax: 404 378-4600
www.secretary@mohammedschools.org

STEP THREE: PAYMENT OF REQUIRED FEES:

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

Additionally,

- Along with parent/guardian, student must complete a required School Orientation Program.
- Accept School Service assignments as a 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.

Additionally, if admitted, the student will be placed on probation 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 admission to any student not meeting the schools' standards. Upon acceptance, all students in grades K-12 are tested to determine special needs and placement.



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

MOHAMMED SCHOOLS OF ATLANTA

735 Fayetteville Rd. SE Atlanta, GA 30316

Phone: 404 378 -4219 Fax: 404 378-4600

www.secretary@mohammedschools.org

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 five years old to enter kindergarten or six years old to enter first grade at Clara Mohammed Elementary. The school operates a pre-school program for children who will be three or four years of age by September 1st of the current school year.

Payment of Tuition / Fees

Tuition fees are owed for the entire school term, even if your child is absent for an extended period. Refer to tuition section of this package for complete details on tuition and fees.

Non-Discrimination Policy

The Mohammed Schools admits students of any race, color, religion, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the schools. It does not discriminate on the basis of 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.**

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



MOHAMMED

SCHOOLS OF ATLANTA

735 FAYETTEVILLE ROAD, ATLANTA, GA 30316

Phone: 404 378-4219 Fax: 404 378-4600

www.secretary@mohammedschools.org

Student Registration Packet

2018-2019 School Year

Date: ___/___/___		Student Information (please print)	
Student's Legal Name/Vital Information: (Last) _____ (First) _____ (Middle) _____			
Mother's Name: _____		Father's Name: _____	
Date of Birth: ___/___/___			
Address: _____		Phone: _____	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F			
Cell: _____		Grade entering: _____	
Place of Birth: _____		If born outside US: Date arrived in US: ___/___/___	
City: _____		Social Security Number: _____ - ____ - _____ (optional)	
State: _____		Check one:	
Country: _____		<input type="checkbox"/> SSC number provided	
		<input type="checkbox"/> Verification of SSC provided	
		<input type="checkbox"/> SSC waiver provided	
Is a language other than English spoken in the home? If yes, indicate the language: _____		Federally Mandated Questions: Please answer both parts:	
		Part A – Ethnicity: Is the student Hispanic or Latino? (choose only one)	
		<input type="checkbox"/> No, not Hispanic / Latino	
		<input type="checkbox"/> 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 selected above, please continue to Part B.	
		Answer the following by marking one or more boxes to indicate what you consider the student's race to be	
School Use Only:		Part B – Race: What is the student's race? (choose all that apply)	
Reason for Observation:		<input type="checkbox"/> 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)	
<input type="checkbox"/> Parent Refused		<input type="checkbox"/> 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, Vietnam)	
<input type="checkbox"/> Parent Non-Responsive		<input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa)	
Observer Completed:		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)	
<input type="checkbox"/> Both Parts		<input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, The Middle East, or North Africa)	
<input type="checkbox"/> Part A Only			
<input type="checkbox"/> Part B Only			
Observer's Name			

Observer's Signature			

Date ___/___/___			



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

MOHAMMED SCHOOLS OF ATLANTA
Student Registration Packet
 2018-2019 School Year

Special Programs

Was your child receiving any of the following support services?

- Early Intervention Program (EIP)
- Remedial Ed Program (REP)
- Section 504 Plan
- Title I Program (TA only - targeted assistance)
- Response to Intervention (RTI)/Student Support Team (SST)
- Readiness Class

Was your child receiving special education services (IEP)? Yes No

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)

Thank you. We hope we do not need this information.

Please discuss plan with child.

HEALTH

Physical Conditions or Concerns:

Allergies Yes No Asthma Yes No

Diabetes Yes No Seizure Disorder Yes No

If you answered yes to any of the above, please detail 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 this student ever been expelled?

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

Reason for Expulsion:

School system:

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.



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

MOHAMMED SCHOOLS OF ATLANTA
Student Registration Packet
 2018-2019 School Year

SIBLINGS					
Name of sibling	Age	Grade	Name of sibling	Age	Grade

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 actually resides.

___ I have provided the student’s Georgia Certificate of Immunization (Form 3231) –OR-agree to provide Form 3231 within 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 disciplinary records from any prior schools attended.

___ I understand that if this student is being provisionally enrolled in grade without all required documentation, this student is being provided educational services based solely on the information provided.

<i>Father Information (optional)</i>	<i>Mother Information (optional)</i>
<u>Educational Background</u>	<u>Educational Background</u>
<input type="checkbox"/> HS Diploma <input type="checkbox"/> College Degree <input type="checkbox"/> Technical Degree <input type="checkbox"/> Graduate School/Business Degree	<input type="checkbox"/> HS Diploma <input type="checkbox"/> College Degree <input type="checkbox"/> Technical Degree <input type="checkbox"/> Graduate School/Business Degree

Financial Status:
Family Income (Please check the one that applies)

\$0-\$19,000
 \$19,001-\$25,900
 \$25,901-\$32,560
 \$32,561-\$45,881
 \$45,881-\$59,200
 \$59,201-\$75,660

How did you hear about Mohammed Schools of Atlanta? _____

EMERGENCY CONTACT INFORMATION		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

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

Parent/ Guardian Signature: _____



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

MOHAMMED SCHOOLS OF ATLANTA
Student Registration Packet
2018-2019 School Year

PARENT / LEGAL GUARDIAN SIGNATURE

My relationship to the student is:

- Biological parent (Step-parents 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 form is true and accurate to the best of my

knowledge. Printed Name: _____ *Date:* ____/____/____

Signature: _____

GENERAL DAY/FIELD TRIP PERMISSION

I give permission for my child to go on field trips. I release Mohammed Schools and individuals from liability in case of an accident during activities related to Mohammed Schools, as long as normal safety procedures have been taken.

Yes No

Signature of parent/guardian: _____

Date: ____ / ____ / ____



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

MOHAMMED SCHOOLS OF ATLANTA

735 Fayetteville Rd. SE Atlanta, GA 30316
Phone: 404 378-4219 Fax: 404 378 4600
www.secretary@mohammedschools.org

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 that date. 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 your monthly bank statement.

Customer Information	
Contact: _____	Email Address: _____
Payment Information	
Product / Service: _____	
Recurring Amount: _____	
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly	
<input type="checkbox"/> Bi-Monthly <input type="checkbox"/> One-Time Payment Date to begin payment: ____ / ____ / ____ and Date to end payment: ____ / ____ / ____	
Card Information	
Card type: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other	
Card Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Expiration Date: ____ / ____
Cardholder Name: _____	
Cardholder Address: _____ _____	
Phone: _____(home) _____(cell) Best number to reach you on (home or cell) Please circle one	
Email: _____	
Cardholder Signature: _____	



MOHAMMED SCHOOLS OF ATLANTA

735 Fayetteville Rd. SE Atlanta, GA 30316
Phone: 404 378-4219 Fax: 404 378 4600
www.secretary@mohammedschools.org

TUITION COMMITMENT

A. I have chosen payment plan # _____ and agree to pay \$ _____ for the entire school year in full on August 5, 2018 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.

B. 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.*

C. 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.

A. 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.

B. 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 incurred.

C. I understand that this is **a legally binding contract** and I agree to financially support the program of Mohammed Schools.

D. I understand that the *application registration, activity and matriculation fees are* **NON-REFUNDABLE.**

Parent / Guardian Signature : _____

_____/_____/_____
Date
