



DAR UN NOOR[®]

ACADEMY

ADMISSIONS PACKET

434 14TH STREET NW

ATLANTA, GEORGIA 30318

PHONE: (404)876-5051/FAX: (404)874-6740

WWW.Darunnoor.org

Application for Admission

1. The completed application packet should be submitted along with the registration fee (payable to Dar-Un-Noor Academy) to: Dar Un Noor Academy, 434 14th St. NW, Atlanta, Georgia, 30318. ***This fee is non-refundable.***
2. Transcripts are required of all first-time applicants for grades 1-8. Deliver the Transcript Request Form to the proper current school official. Recommendation letters from the current school (principal/counselor) and at least one individual familiar with the applicant's scholastic and conduct records are required.
3. Entrance examinations are required of all first-time candidates for admission. Testing, for candidates applying for grades 1-8, is conducted at Dar-Un-Noor Academy. Call the office to arrange for a test date.
4. Interviews and tours are required of all candidates Grades PreK - 8; a tour of the school will follow the interview. Parents/guardian should also plan to attend the interview.
5. Admissions decisions are determined by the Admissions Committee's evaluation of several factors, specifically: The completed application, the previous school transcript, recommendations, entrance examination and the interview (PreK - 8). The Committee's decision is final. It is the responsibility of the parents to ensure that all required information has been submitted to the Admissions Office. ***A student's file must be complete before it can be reviewed by the Admissions Committee.*** Tuition policies and rates are established by the Board of Trustees for the following academic year.
6. A birth certificate, Georgia immunization form 3231, a social security card and Admissions Packet Forms (A - H) must be submitted for first-time applicants, grades PreK - 8.
7. Foreign students must be fluent in both oral and written English.

Tuition Rates

Annual: Pre Kindergarten= \$5,750.00	Kindergarten-5th = \$5, 2500.00	Middle School = \$5,500.00
Sibling Rates for Pre Kindergarten	Sibling Rates for Kindergarten – 5th	Sibling rates for Middle School
1 st Child \$ 575.00 per month	1 st Child \$525.00 per month	1 st Child \$ 550.00 per month
2 nd Child \$ 517.50 per month	2 nd Child \$472.50 per month	2 nd Child \$ 495.00 per month
3 rd Child \$ 460.00 per month	3 rd Child \$420.00 per month	3 rd Child \$ 440.00 per month
4 th Child \$ 402.50 per month	4 th Child \$367.50 per month	4 th Child \$ 385.00 per month

Notice of Nondiscriminatory Policy

Dar-Un-Noor Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, scholarship, athletic and other school administered programs.



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ADMISSIONS PACKET (FORM A) APPLICANT

434 14TH STREET NW

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PHONE: (404)876-5051/FAX: (404)874-6740

Student/Applicant Information

Copies of these three documents must be submitted: Social Security Card Birth Certificate Georgia Immunization Form

Last Name		First Name		Middle Name	
Complete Home Address				Home Phone	
Date of Application: <input type="checkbox"/> Application Fee Paid		Applying for Grade ...		Applying for School Year <input type="checkbox"/> 2012-2013	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth date		Current Age years months	
Country of Citizenship		Country of Birth		City of Birth	

General Parental Information: Please describe the birth parents and their life status.

Birth Parents' Life Status Birth Father <input type="checkbox"/> Living <input type="checkbox"/> Deceased Birth Mother <input type="checkbox"/> Living <input type="checkbox"/> Deceased		Birth Parents: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		Student lives with ... <input type="checkbox"/> Only Birth Father <input type="checkbox"/> Only Birth Mother <input type="checkbox"/> Both Birth Parents <input type="checkbox"/> Guardian(s)	
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Father/Guardian information

Father / Male Guardian Full Name			
Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian, please explain ...			
Home Street Address		Home Phone	
Home City, State, and Zip		Cell Phone	
Employer Name		Employer Phone	
Employer Full Address		Occupation / Title	
E-Mail		E-Mail <input type="checkbox"/> Work <input type="checkbox"/> Personal	
College(s)		Degree	
Preferred Method of Contact <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> E-Mail		Preferred Time/Hour of Contact <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekend	

Mother/Guardian Information

Mother / Female Guardian Full Name			
Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian, please explain ...			
Home Street Address		Home Phone	
Home City, State, and Zip		Cell Phone	
Employer Name		Employer Phone	
Employer Full Address		Occupation / Title	
E-Mail		E-Mail <input type="checkbox"/> Work <input type="checkbox"/> Personal	
College(s)		Degree	
My Preferred Method of Contact ... <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> E-Mail		Preferred Period or Hour of Contact ... <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekend	



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Siblings: Please list the applicant's brothers and sisters.

Name	Age	Grade	Attends Dar-Un-Noor?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
			Attends Dar-Un-Noor?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
			Attends Dar-Un-Noor?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
			Attends Dar-Un-Noor?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Emergency Contacts: Please list at least two (2) persons to be contacted when the parents cannot be reached. Parents may not be listed.

1. Emergency Contact	2. Emergency Contact
Full Name	Full Name
Street Address	Street Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
Relationship to Student/Applicant	Relationship to Student/Applicant

Authorized Release Persons

If any, you must list all persons who have permission to pick-up or drop-off the student. If none, please write the word "none".

1. Authorized Release Person	2. Authorized Release Person
Full Name	Full Name
Street Address	Street Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
Relationship to Student/Applicant ...	Relationship to Student/Applicant ...
3. Authorized Release Person	4. Authorized Release Person
Full Name	Full Name
Street Address	Street Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
Relationship to Student/Applicant ...	Relationship to Student/Applicant ...



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A C A D E M Y

ADMISSIONS PACKET (FORM A) APPLICANT

434 14TH STREET NW

ATLANTA, GEORGIA 30318

PHONE: (404)876-5051/FAX: (404)874-6740

Academic History: Please list the student/applicant's entire academic history.

1. **CURRENT School Name** _____ / _____ / _____
 Phone Fax

_____ / _____ Type: Islamic Public Private
 Years in Attendance Grade(s)

Principal's Name _____ / _____
 Homeroom Teacher's Name

2. **Previous School Name** _____ / _____ / _____
 Phone Fax

_____ / _____ Type: Islamic Public Private
 Years in Attendance Grade(s)

Principal's Name _____ / _____
 Homeroom Teacher's Name

3. **Previous School Name** _____ / _____ / _____
 Phone Fax

_____ / _____ Type: Islamic Public Private
 Years in Attendance Grade(s)

Principal's Name _____ / _____
 Homeroom Teacher's Name

Transportation: Please indicate if you are interested in bus transportation to the following areas: Gwinnett Route: includes Discover Mills Mall, Global Mall and Masjid Omar Clayton Route- I75 South

Parent/Guardian Signature

As parent/guardian of the applicant, we attest the applicant desires to be a student at Dar-Un-Noor Academy and to the best of our knowledge, the information provided in this application packet is true and accurate. I understand that the Admissions Committee may verify any part of the application material.

X _____ / _____
Father/Guardian Signature Date

X _____ / _____
Mother/Guardian Signature Date



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ADMISSIONS PACKET (FORM B) MEDICAL

434 14TH STREET NW

ATLANTA, GEORGIA 30318

PHONE: (404)876-5051/FAX: (404)874-6740

Child's name: _____ Age: _____ Georgia Immunization (Form 3231) Expiration Date : _____

Primary Source of Healthcare

Physician or Clinic Name _____

Address _____

Phone Number () _____ Fax Number () _____

Health Information

Behavioral or Medical Conditions

The Student/Applicant **has no** known behavioral disorder, medical condition, health concern, pre-existing illness or allergy. If there are no known behavioral or medical conditions, please check the box above and write the word 'NONE' in the next block

Behavioral or Medical Conditions

(i.e. ADHD, diabetes, asthma, drug or food allergies)

The Student/Applicant **has** the following known behavioral disorder, medical condition, health concern, pre-existing illness or allergy. The known conditions are listed in the next block ...

Prescribed Rx / Medications and Dosages

The Student/Applicant **is not** presently taking any prescribed medication(s) for long-term continuous use. If there are no prescriptions or medications, please check the box and write the word 'NONE' in the next block ...

Prescribed Rx / Medications and Dosages

(i.e. insulin, bronchial inhalers)

The Student/ Applicant **is** currently taking medication(s) prescribed for long-term continuous use. The medications and dosages are listed in the next block ...

Physician Signature

I have verified with the parents/guardians that the above medical information is correct and to the best of my knowledge, the patient/student is physically capable of participating in intramural and interscholastic athletics if he/she so desires.

X _____
Physician Signature _____ *Date* _____

Emergency Medical Authorization

Should my child suffer an injury or illness while in the care of Dar-Un-Noor Academy and the school is unable to contact me immediately, I authorize Dar-un-Noor to secure such medical attention and care for the student as may be necessary in the case of an emergency or our absence. I agree to keep the school informed of changes in telephone numbers and addresses where parents/guardians and emergency contacts can be reached. I also understand, the school agrees to keep the parents/guardians informed of any incidents requiring professional medical attention involving the student.

X _____
Father/ Guardian Signature _____ *Date* _____

X _____
Mother/Guardian Signature _____ *Date* _____



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A C A D E M Y

ADMISSIONS PACKET

(FORM E) TUITION

434 14TH STREET NW

ATLANTA, GEORGIA 30318

PHONE: (404)876-5051/FAX: (404)874-6740

WITHDRAWAL POLICY

Please note: the Finance Committee will always take Emergencies into consideration on a case-by-case basis.

Please select one of the following three options. Please indicate your selection by placing a check mark beside each appropriate box:

1. I agree to payment of one school year's tuition payable in **one annual payment** on or at the beginning of the school year. If a child is withdrawn from school on the parent's initiative, before the end of the first month of school, where the full year's tuition has been paid in accordance with **Option 1, 2, or 3** a full refund of the tuition will be made. If a child is withdrawn from school on the parent's initiative, before the end of the second month of school, where the full year's tuition has been paid in accordance with **Option 1, 2 or 3** a refund of half of the tuition will be made. If, however, the child is withdrawn after the end of the second month of school, no refund will be paid and payment of one school year's tuition for the rest of the year will be made as per this tuition agreement.

One payment due on AUGUST 15-20, 2012

2. I agree to payment of one school year's tuition payable in **two semi-annual payments** on or prior to the dates shown herewith. If a child is withdrawn from school on the parent's initiative, before the end of the first month of school, where the full year's tuition has been paid in accordance with **Option 1, 2 or 3** a full refund of the tuition will be made. If a child is withdrawn from school on the parent's initiative, before the end of the second month of school, where the full year's tuition has been paid in accordance with **Option 1, 2 or 3** a refund of half of the tuition will be made. If, however, the child is withdrawn after the end of the second month of school, no refund will be paid and payment of one school year's tuition for the rest of the year will be made as per this tuition agreement.

1st payment due on AUGUST 15-20, 2012 and 2nd payment due on JANUARY 7-11, 2013

3. I agree to payment of one school year's tuition payable in **ten (10) post-dated checks** in the amount of the monthly tuition at the beginning of the school year. Nine of the checks should be post-dated for no later than the 5th of each month. I understand the school has the right to deposit the checks monthly as needed on or after the 5th of each month. If a child is withdrawn from school on the parent's initiative, before the end of the first month of school, where the full year's tuition has been paid in accordance with **Option 1, 2 or 3** a full refund of the tuition will be made. If a child is withdrawn from school on the parent's initiative, before the end of the second month of school, where the full year's tuition has been paid in accordance with **Option 1, 2 or 3** a refund of half of the tuition will be made. If, however, the child is withdrawn after the end of the second month of school, no refund will be paid and payment of one school year's tuition for the rest of the year will be made as per this tuition agreement.

IN THE CASE OF ALL AGREEMENTS & OPTIONS: A separate *Tuition Agreement and Withdrawal Policy Form* should be completed for each student, child, and/or sibling. If Dar-Un-Noor requests the withdrawal of a child for disciplinary or other reasons, where payment has been made in accordance with any of the options listed above, the decision on the refund of tuition paid and/or payment of tuition will be made by the Dar-Un-Noor Finance Committee, upon consideration of the merits of each case.

SIGNATURE:

I the undersigned, parent/guardian of _____

In Grade _____, do hereby undertake to pay tuition for a ten-month period in accordance with the schedule published in the Parent/Teacher handbook for the above named son/daughter by electing one of the three payment options listed above. Also, I have read and I agree to the withdrawal policy given herein:

Signature

Date



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(FORM F) INTEREST AND NEED

434 14TH STREET NW

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Student Interest and Need

The purpose of this form is to obtain any pertinent information

Student Name _____ Grade _____

What is your child's particular area of interest or favorite activity?
(For example: a hobby or a certain subject such as music, art, science)

What is your child's least favorite activity or area of disinterest?
(For example: a hobby or a certain subject such as music, art, science)

Does your child have any special needs of which the school should be aware?
(For example: areas of study in which they need extra help; social challenges such as shyness)

Is your child a non-native speaker of the English language? YES NO

If yes, how many years has he/she been speaking the English language? _____ Years

Has your child ever received ESOL (English as a Second Language) assistance? YES NO

Does your child need extra assistance with ESOL? YES NO

Is there any other information about your child or family that you would like his/her teacher and Dar-Un-Noor Academy to know?



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ADMISSIONS PACKET (FORM G) PARENT ACKNOWLEDGEMENT OF DAR UN NOOR PROBATION PERIOD

434 14TH STREET NW

ATLANTA, GEORGIA 30318

PHONE: (404)876-5051/FAX: (404)874-6740

Applies to new and transfer students only

Student Names _____ Grades _____

It is the policy of Dar Un Noor Academy to accept any student whose previous records indicate average or above academic performance and Islamic behavior, and whose parents can honor the tuition agreement arranged by the administrator and agree to abide by the school's regulations. Due to these limited restrictions on admissions, **new and transfer students are conditionally accepted for a one month probation period.** During this probation period the student's Islamic behavior and academic performance at Dar Un Noor will be closely monitored. If at the end of one month the student does not perform up to Dar un Noor Academy's standards as outlined in the *Parent/Student Regulations Handbook*, **the parent will be asked to withdraw the student and the student will no longer be accepted at the school.**

Parent Signature section

I, the guardian of the above named children understand and agree to the above terms of my child's/children's probation period.

Parent or Guardian : _____ Date: _____