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**Manarah**  
Islamic Academy

## Enrollment Form 2024-25

Manarah registration for the 2024-25 school year is now open. Your child's spot in the Academy will be guaranteed upon completion of this form and the submission of the non-refundable deposit along with the mandatory technology fee of \$100 Included with deposit listed below:

Pre-K/KG \$825

1<sup>st</sup>-5<sup>th</sup> \$765

Middle School \$825

**\*\*Early bird discount of \$200 per child if you register and pay deposit by 4/5/2024\*\***

**\*\*Please fill out one form for EACH child currently enrolled at Manarah\*\***

Will your child return to Manarah next year?

YES

NO

Child's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Best Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

**New students (siblings included) will need a complete registration form**

**\*\*Does your child have any allergies to medication/food\*\*** \_\_\_\_\_ YES \_\_\_\_\_ NO

if yes, please list \_\_\_\_\_

**\*\*Photo/Video Capturing and Usage Permission\*\***

Manarah Islamic Academy takes collective photos every year and may also videotape the students and/or take their pictures for educational, documentary, or advertising purposes.

\_\_\_\_\_ Yes, I give permission

\_\_\_\_\_ No, I don't give permission

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only:

Deposit: CHECK \_\_\_\_\_ CASH \_\_\_\_\_ ZELLE \_\_\_\_\_ GRADELINK \_\_\_\_\_

## Registration Requirements

Enrollment is based on a “first-come first-serve basis”. This registration form is legally binding, once received with the deposit the total tuition fee for the 2024-2025 school year has to be paid in full even if the student withdraws.

**Immunizations required for 2024-25 Pennsylvania school students are listed below:**

**DPT** – 4 doses (fourth dose must be on or after the 4<sup>th</sup> birthday)

**POLIO** – 4 doses (fourth dose must be on or after the 4<sup>th</sup> birthday)

**MMR** – 2 doses (first dose must be on or after 1<sup>st</sup> birthday)

**Hepatitis B** – 3 doses (third dose must be after 6 months of age)

**Varicella (Chicken Pox) Vaccine History of Disease** – 2 doses of vaccine, date of disease, or laboratory test must be provided.

**FOR ATTENDANCE IN 7<sup>TH</sup> GRADE, students must have:**

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap)
- 1 dose of meningococcal conjugate vaccine (MCV)

**Physical Exam** – Completed by the Physician.

*\*Required upon original entry into a PA school for grades KG, 6, and 11.*

**Dental Exam** – Completed by the Dentist.

*\*Required upon original entry into a PA school for grades KG, 3, and 7.*

### New Students

Applicants must be 3 to 4 years old by December 31, 2024 to be accepted into Pre-Kindergarten and 5 years old by December 31, 2024 to be accepted into Kindergarten and will also be required to submit **Physical, Immunizations, and Dental Exam Forms**. Acceptance into Grades 1 and higher requires proof of successful completion of the previous grade level. Additionally, Pre-K students must be potty trained prior to the start of the school year, and new Kindergarten students must pass a readiness test in spring or summer 2024. Parents or guardians of new students, regardless of grade level, must also submit transcripts from all previous schools, an original birth certificate, immunization records, a Physical Exam Form, and a Dental Form.

**Note:** Applications will be processed only if the required deposit and registration fee are paid.

## Pick up Policy and Authorization Form

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ in grade \_\_\_\_\_ give my

permission to the following people to pick up my child/children from Manarah Islamic Academy.

1. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Relationship Phone Number

2. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Relationship Phone Number

3. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Relationship Phone Number

4. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Relationship Phone Number

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

