

# DAR-UN-NOOR SCHOOL ADMISSIONS PACKET



Dar-un-Noor School  
434 14<sup>th</sup> Street, N.W.  
Atlanta, Georgia 30318  
Phone 404.876.5051  
Fax 404.874.6740

## Application for Admission

1. The completed application packet should be mailed along with the registration/uniform fee (payable to Dar-Un-Noor School) to: Admissions Committee, 434 14<sup>th</sup> 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. Recommendations from the current school (principal/counselor) and at least one individual familiar with the applicant's scholastic and conduct records are required using the enclosed forms.
3. Entrance examinations are required of all first-time candidates for admission. Testing for K - Grade 8 candidates is conducted at Dar-Un-Noor School. Call the office to arrange for a test date.
4. Interviews and tours are required of all candidates Grades PK - 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, namely: The completed application, the previous school transcript, recommendations, entrance examination and the interview (PK - 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 must be submitted for first-time applicants, grades PK - 8 (a copy is acceptable).
7. Foreign students must be fluent in both oral and written English.

### Notice of Nondiscriminatory Policy

Dar-Un-Noor School 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.

# SCHOOL ADMISSIONS PACKET (FORM A) APPLICANT



Dar-un-Noor School

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## 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  Applying for Grade ...  Applying for School Year

Application Fee Paid  2006-2007  2007-2008

Gender  Male  Female Birthdate  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  Living  Deceased Birth Parents' Marital Status  Married  Divorced  Separated Student lives with ...

Birth Father  Living  Deceased  Married  Divorced  Separated  Only Birth Father  Only Birth Mother

Birth Mother  Living  Deceased  Separated  Both Birth Parents  Guardian(s)

## Father/Guardian information

Father / Male Guardian Full Name

Relationship:  Parent  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  Work  Personal

College(s)  Degree

Preferred Method of Contact  Home Phone  Work Phone  Cell Phone  E-Mail Preferred Time/Hour of Contact  Morning  Afternoon  Evening  Weekend

## Mother/Guardian Information

Mother / Female Guardian Full Name

Relationship:  Parent  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  Work  Personal

College(s)  Degree

My Preferred Method of Contact ...  Home Phone  Work Phone  Cell Phone  E-Mail Preferred Period or Hour of Contact ...  Morning  Afternoon  Evening  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
Name	Age	Grade	Attends Dar-un-Noor?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Name	Age	Grade	Attends Dar-un-Noor?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

## Emergency Contacts

You must list at least two (2) persons to be contacted when the parents cannot be reached. You may not list parents.

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 ...

# SCHOOL ADMISSIONS PACKET (FORM A) APPLICANT



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## 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.

Alpharetta Route  Gwinnett Route  Discover Mills

## Parent/Guardian Signature

As parent/guardian of the applicant, we attest the applicant desires to be a student at Dar-un-Noor School, 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*

# SCHOOL ADMISSIONS PACKET (FORM B) MEDICAL



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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 School 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

# SCHOOL ADMISSIONS PACKET (FORM C) TRANSCRIPT



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## Authorization for Release of Educational and Discipline Records

Please list the student/applicant's full legal name.

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

Grade \_\_\_\_\_

Dar-un-Noor reserves the right to request transcripts be mailed directly to our school. In accordance with federal regulations regarding the privacy rights of parents and students under the Family and Educational and Privacy Act of 1974, the undersigned hereby consent to the release to Dar-un-Noor School all educational records about the above-named individual who is applying to Dar-un-Noor School, including disciplinary, teacher recommendations and such other information as may be requested.

X \_\_\_\_\_  
*Father/Guardian Signature* *Date*

X \_\_\_\_\_  
*Mother/Guardian Signature* *Date*



# SCHOOL ADMISSIONS PACKET (FORM E) TUITION



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## Tuition Agreement and Withdrawal

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

**OPTION 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**, 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**, 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.

**OPTION 2** - I agree to payment of one school year's tuition payable in **three trimester installments** 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 2**, 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 2**, 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.

1<sup>st</sup> AUGUST 14, 2007  
2<sup>nd</sup> NOVEMBER 14, 2007  
3<sup>rd</sup> MARCH 14, 2008

**OPTION 3** - I agree to payment of one school year's tuition payable in **ten monthly payments** prior to or within five days of the beginning of each of the ten months. I agree that a delayed payment fee of \$10.00 will be charged for each day the tuition is not paid after the 5<sup>th</sup> day 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 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 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.

**OPTION 4** - 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 5<sup>th</sup> of each month. I understand the school has the right to deposit the checks monthly as needed on or after the 5<sup>th</sup> 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 4**, 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 4**, 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 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 four payment options listed above. Also, I have read and I agree to the withdrawal policy given herein:

Signature X \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE PRINT YOUR NAME HERE ... \_\_\_\_\_



# SCHOOL ADMISSIONS PACKET (FORM F) INTEREST AND NEED



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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 School to know?**