



IZZADEEN
ACADEMY
KNOWLEDGE. PRIDE. EXCELLENCE

Izzadeen Academy

4992 W. Irlo Bronson Memorial Hwy; Kissimmee, FL 34746

Phone: (407) 910-1459 Email: admissions@izzadeenacademy.org Website: www.izzadeenacademy.org

VPK & Pre-K - 9th Grade New Student Enrollment Form 2020 – 2021

Last Name	First Name	Grade	Application Date
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Please use the checklist below as a guide and submit all required documents along with the registration fee to be considered for enrollment. ***Application submitted without applicable fees and required documents will not be accepted. Both parents (if applicable) or legal guardian are required to sign the application form.*** Students will not be allowed to attend the first day of class until all documents/forms are submitted and confirmation email is sent out.

Documents Required	KG	Grade 1 - 9	Date
1. Application Form and Fees	✓	✓	
2. Copy of Birth Certificate	✓	✓	
3. Valid Proof of Physical DH 3040 (or equivalent school entry health exam)	✓	✓	
4. Valid Florida Immunization Certificate DH 680*	✓	✓	
5. Copy of the last 2 years Report Cards of (last year for 1 st grade)		✓	
6. Copy of Standardized Test Results		✓	
7. Copy of Detailed Student Profile/ Discipline Record (required)		✓	
8. Proof of Guardianship (if applicable)	✓	✓	
9. Withdrawal Letter from previous school		✓	
10. IZZADEEN ACADEMY Assessment Test (by appointment only)		✓	

*Kindergarten (KG) applicant must be 5 years old by or on September 1. A Kindergarten Immunization Record must be provided and meets **Part A DOE Code 1** requirement. For 7th through 9th Grade, student must complete DTaP Immunization Record, which must meet **Part A DOE Code 8** requirement.

STEP UP FOR STUDENTS (SUFs) SCHOLARSHIP INFORMATION

- Access www.stepupforstudents.org beginning March 1, 2020 for new enrollment information and income guidelines.
- Your child(ren)'s enrollment at IZZADEEN ACADEMY will not be confirmed until the SUFS Award Letter is submitted showing that your child has been approved for scholarship and for the amount allocated by SUFS.

Primary Guardian Date

Secondary Guardian Date

Registration Administrator Date

Principal Date



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STUDENT INFORMATION

Student Name (Last, First, Middle): _____

Last Grade Completed: _____ Grade Year: _____ Gender (please circle one): **M** **F**

Race (please check one): _____ White, _____ Asian, _____ Black/African American, _____ American Indian /Alaska Native, _____ Native Hawaiian/ Pacific Islander

Ethnicity (please check one): _____ Hispanic/Latino _____ Non -Hispanic

Hair Color: _____ Eye Color: _____ Height: _____ (in)
Weight: _____ (lbs.)

Date of Birth (mm/dd/yyyy): ___/___/___ Home Phone: _____

Place of Birth: _____

Age on September 1: _____

Address: _____

City: _____

State: **FL** Zip Code: _____

Primary language spoken at home: _____

PREVIOUS SCHOOL INFORMATION

Name of School: _____

Address: _____

Phone: _____ Fax: _____

Dates attended: _____

Official Use Only

Registration Fee: \$ _____ CA / CC/ CK# / MO#: _____ Entry Date: _____

SUFS/McKay Scholarship Application: Not-Submitted _____ Pending _____ Student Award Letter received _____

Notes: _____

Receive on:

Enter on:

Email on:

File on:



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PARENT/LEGAL GUARDIAN INFORMATION

Primary Guardian Information:

Name: _____

Relationship: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Email: _____

Occupation: _____

Secondary Guardian Information:

Name: _____

Relationship: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Occupation: _____

Place of Employment: _____

Place of Employment: _____

The child resides with: Both Parents Mother Father Other _____
 Both Parents Mother Father Other _____

If the child is not living with both parents, the legal guardian must provide a proof of guardianship and fill out the section below:

I/We _____ am/are the legal custodian(s) of _____, and has/have legal authority and the corresponding duty in regard to his/her education.

I certify that the information given in this application is complete and accurate, and understand to make false statements within this application may result in the withdrawal and/or termination of admission. I agree to support and abide by the Izzadeen Academy regulations, policies, and guidelines for admissions and attendance.

Primary Guardian Printed Name

Primary Guardian Signature

Date

Secondary Guardian Printed Name

Secondary Guardian Signature

Date



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EMERGENCY CONTACT / MEDICAL INFORMATION

Student Name _____

Grade _____

Parents are required to provide an emergency contact (**someone other than the parent**) in the event that the parent cannot be reached. Emergency contact must be someone who resides in local area.

Name: _____ Phone: _____ Relationship: _____ Name: _____

_____ Phone: _____ Relationship: _____

Physician's Name: _____ Office Phone: _____

Preferred Hospital: _____ Does

your child have any known medical condition(s)? NO _____ YES _____

If yes please explain _____

Does your child have any allergic reaction to any of the following?

Medications: No ___ Yes ___ Reaction: _____ Food: _____

No ___ Yes ___ Reaction: _____

Insect Bite: No ___ Yes ___ Reaction: _____

Other: No ___ Yes ___ Reaction: _____

Are any of the above allergies severe or life-threatening? NO _____ YES _____

If yes, please explain: _____

In addition to students' academic success, the health and safety of our students is of utmost importance to us. In order to foster the student's safety, we will no longer be administering over the counter medication; this includes and is not limited to Advil, Tylenol, Pepto Bismol and Benadryl. The school administration will however assist in administering

Medication that is prescribed by a physician. To do so the school must receive written directions from the physician along with a signed request from the parent. At the end of the school day the parent must pick up the medication from the school. No medication may be left overnight. Please contact the school if you should have any questions.

Emergency Care

- In the event of an emergency, I authorize IZZADEEN ACADEMY staff to provide any first aid care deemed necessary for my child.
- In the event of an emergency, I authorize IZZADEEN ACADEMY staff to transfer my child's health record to the local hospital or emergency facility.
- The State of Florida requires a notarized medical release form prior to emergency medical treatment. In the event of injury to my child requiring immediate medical attention, if I/we cannot be reached, IZZADEEN ACADEMY has my permission to take him or her for treatment at the closest hospital.

I understand that the school personnel are not held liable for the administration of any medication(s) or for its possible side effects. I hereby give permission to dispense the ADHD prescribed medication(s), in accordance with the written directions from the physician

Primary Guardian Printed Name

Primary Guardian Signature

Date

Secondary Guardian Printed Name

Secondary Guardian Signature

Date



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PARENTAL PERMISSION FOR DATA PUBLICATION

Student Name _____

Grade _____

IZZADEEN ACADEMY is requesting your permission to share your contact information for organizing school wide events.

We are also requesting permission to capture picture(s) of you and /or your child for purposes of the year book and other internal school related publication(s).

If you agree with the above, please check all the items below that you agree with for publishing and/or sharing purposes, and sign below.

Please check YES/NO to all items below that you agree with to be used for internal publishing: I /we give permission to the following:

	YES	NO
Child's photograph taken for the use of ID card		
Child's photograph taken & released for publishing in the year book		
Child's photograph taken & released for publishing in other school related materials		
Student Home phone number released for publishing in school related materials		
Primary Guardian/ Mother's cell phone number released for publishing in school related materials		
Primary Guardian/ Mother's email released for publishing in school related materials		
Primary Guardian/Mother's photograph taken & released for publishing in the year book and/or other school related materials		
Secondary Guardian /Father's cell phone number released for publishing in school related materials		
Secondary Guardian/Father's email released for publishing in school related materials		
Secondary Guardian/Father's photograph taken & released for publishing in the year book and/or other school related materials		

PHOTOGRAPHS, VIDEOS AND AUDIO TAPES: I give IZZADEEN ACADEMY permission to photograph and/or record my child on audio or video for security purposes. I also understand that I must have written permission before capturing any images or audio recording of the other children in the school.

Primary Guardian Printed Name

Primary Guardian Signature

Date

Secondary Guardian Printed Name

Secondary Guardian Signature

Date



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STUDENT DROP-OFF / PICK-UP - ADD/DROP FORM

I/ We _____ and _____, legal guardian (s) of _____, grade _____, grant permission to the individual(s) listed below to drop him/her off and pick him/her up to and from school without the need of prior approval.

Use the space below to **ADD** individual(s) to your drop off/pick-up list.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- For all children’s safety, it is critical for you or your authorized pick-up individuals to use your **dismissal card** to pick up your child. To ensure the safety of our school’s staff and children, please keep your card in secure location.
- Please notify your authorized pick-up individuals that they must bring government-issued identification when they pick up your child.
- If your child(ren) is/are picked up after dismissal has ended, a late pick-up fee of \$5.00 for every 10 minutes will be added to your monthly invoice. If your child(ren) is/are not picked 15 minutes after dismissal has ended, he/she/they will be placed in our after-school care program and you will be invoiced accordingly.
- IZZADEEN ACADEMY reserves the right to contact and request the individuals listed above to pick up your child if he/she is not picked up by 6:00pm. In such cases, local authorities may be contacted.

Anyone not on this list **MAY NOT** pick up your child(ren) without prior approval from the parents or legal guardian. **NO EXCEPTIONS.** This is for the safety of all our students.

Primary Guardian Printed Name

Primary Guardian Signature

Date

Secondary Guardian Printed Name

Secondary Guardian Signature

Date

RELEASE OF STUDENT RECORDS

To: _____

Last School Attended

Address *City* *State* *Zip*

Phone *Fax* *Email* *Contact Person*

This is a request for all pertinent information concerning the student(s) named below who has applied for admission to our school. Please forward records via email, fax or mail to the above information.

Please include the following:

- | | |
|---|--|
| <input type="checkbox"/> Transcript of Grades/Report Card
<input type="checkbox"/> Standardized Test Score
<input type="checkbox"/> Grades at time of withdrawal
<input type="checkbox"/> Intellectual / Psychological Evaluations
<input type="checkbox"/> Grading System
<input type="checkbox"/> Special Education Data | <input type="checkbox"/> Detailed Student Profile
<input type="checkbox"/> Attendance Records
<input type="checkbox"/> Health & Immunization Data
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Social History / IEP / 504 |
|---|--|

Any further information you can give us to enable proper placement will be appreciated. If these records are not available at your school, please advise accordingly.

Last Name	First Name	Date of Birth	Current Grade	Gender M/F

Thank you for your cooperation.

Registration Administration

Date