

| | | | | |
|--------------|--|--------|----------------------|--|
| Student Name | | Gender | Grade in 2025 – 2026 | |
|--------------|--|--------|----------------------|--|



Al Ihsan School

Enrollment Form

School Year 2025 – 2026



Your application will not be accepted until all forms are submitted. This may cause you to lose your child's seat for the school year. We do not hold seats for any student whose paperwork is turned in late. Please submit the following:

- Enrollment Application Form
- Emergency Medical Release Form (2 pages)
- Medicine Administration Consent Form
- Yearly Field Trip Consent Form (2 pages)
- Student Media Release Form
- Student Pick-up Authorization Form
- Language Usage Survey
- Immunization Records
- Birth Certificate
- Kindergarten Only Physical Exam (Must be filled out by a Licensed Physician)

Please return the following forms to the school office by the due dates set by the school. All forms should be completed in its entirety. If you move during the summer, please inform the school office with an updated address and phone number for our files. If you decide not to return after you have turned in your paperwork, please inform the school as soon as possible.

*****All parent signatures will be considered valid as electronic signatures for typed forms*****

Al Ihsan School
KG – 12th GRADES ENROLLMENT APPLICATION FORM
FOR 2025 – 2026 SCHOOL YEAR

Please return completed application along with payment
\$200.00 Registration fee (fees are nonrefundable) per child

Please mark one of the following: ☐ New Student ☐ Returning student

Location (please mark one box): ☐ Cleveland (KG – 12th Grade) ☐ Hifz/Cleve ☐ Parma (KG – 5th Grade)

Seats are limited and will be available on a first come first serve basis.

| | | | | | |
|---|-------------|--------------------|--------------|----------------------|------------|
| Student's First Name | | Middle Name | | Last Name | |
| Date of Birth | | Gender | | Grade in Fall | |
| Name of previous school attended | | | | | |
| Mother/Guardian full name | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Home Phone | | Cell Phone | | Work Phone | |
| Occupation | | Employer | | | |
| Work Address | | | | | |
| | City | | State | | Zip |
| Father/Guardian full name | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Home Phone | | Cell Phone | | Work Phone | |
| Occupation | | Employer | | | |
| Work Address | | | | | |
| | City | | State | | Zip |

Racial Data: (Per State Reg. 3301-39-03) Please check one:

☐Hispanic ☐Caucasian ☐ African American ☐ Asian ☐Native American ☐Other

| | | | |
|-------------------------|--|----------------|--|
| Parent Signature | | Date | |
| Email 1 | | Email 2 | |

For Office Records Only

Date _____ payment by ☐ check # _____ amount \$ _____ Received by _____

EMERGENCY MEDICAL RELEASE FORM 2025 - 2026

| | | | |
|---------------------|---|-------|---|
| Student's full name | . | Grade | . |
| Address | . | | |
| City | . | State | . |
| | | Zip | . |

(This form must accompany child to hospital)

TO WHOM IT MAY CONCERN:

I hereby grant permission for Al Ihsan School staff to take whatever steps may be necessary to obtain emergency medical care for my child, if warranted. Depending on the nature and urgency of the situation these steps may include, but are not limited to, the following:

1. Attempt to contact a parent/guardian. If a parent/guardian is not available, we will attempt to contact the local emergency contact listed on this form.
2. Call 911.
3. Any expenses incurred in seeking medical treatment will be the responsibility of the child's family.
4. The school will not be responsible for anything that may happen as a result of false medical information, numbers that have not been updated, numbers that have been disconnected or false personal information given at the time of enrollment on school forms.
5. In order for someone else to seek urgent care for your child, they will need to have copies of your insurance card and may be required to have a Power of Attorney.

I hereby give my consent for medical treatment for my child (named above) in the event of an emergency at which time I cannot be reached. I give consent to transport my child by ambulance, if the situation warrants. I acknowledge that all of the medical information given is accurate and complete.

| | | | |
|---|---|---------------|---|
| Mother's name | . | Father's name | . |
| Home phone | . | Home phone | . |
| Work phone | . | Work phone | . |
| Cell phone | . | Cell phone | . |
| Occupation | . | Occupation | . |
| Employer | . | Employer | . |
| Local emergency contact (if parent cannot be reached) | | | |
| Name | . | Phone | . |
| Relationship to student | . | | |
| | | | |
| Parent signature | . | Date | . |

EMERGENCY MEDICAL RELEASE FORM 2025 - 2026 (continued)

Healthcare Provider Information:

| | | | |
|------------------------|---|-------|--|
| Primary Care Physician | | Phone | |
| Primary Dentist | | Phone | |
| Preferred Hospital | . | Phone | |

Insurance Information:

| | |
|-------------------|---|
| Insurance Carrier | . |
| Policy Number | . |

Medical History Information:

| | |
|--|---|
| List Any Allergies | . |
| Medicines | . |
| Foods | . |
| Insect sting/bite | . |
| Seasonal or environmental | . |
| My child requires an EPI PEN: <input type="checkbox"/> NO or <input type="checkbox"/> YES | |

| | |
|---|---|
| List any chronic or severe illnesses, injuries, surgeries or hospitalizations: . | |
| Please list any other pertinent health issues which may be a concern at school: . | |
| List all daily or routine medications other than vitamins if not administered at school: . | |
| List any need for special attention because of health related issues: . | |
| Does your child require special seating in the classroom? Please specify. . | |
| Does your child use vision or hearing aids? If yes, what device? . | |
| Date of last physical exam | . |
| Date of last tetanus shot | . |
| Has your child ever been diagnosed with asthma by a physician? <input type="checkbox"/> No <input type="checkbox"/> Yes Does your child carry an inhaler at school? <input type="checkbox"/> No <input type="checkbox"/> Yes What medicine? (If so, you must fill out a Medical Release Form and bring in the medicine to the office. | |

MEDICINE ADMINISTRATION CONSENT FORM 2025 - 2026

| | | | |
|---------------------|---|-------|---|
| Student's full name | . | Grade | . |
|---------------------|---|-------|---|

I, the undersigned, give permission to Al Ihsan School staff members to administer the following medicine(s) to my child for the following time frame:

| | | | |
|------|----------------|----|----------------|
| From | (mm/dd/yyyy) . | To | (mm/dd/yyyy) . |
|------|----------------|----|----------------|

| Medicine | Type (oral? topical?) | Dose | Time | Refrigeration |
|----------|--------------------------|------|---|--|
| . | | | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> yes <input type="checkbox"/> no |
| | | | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> yes <input type="checkbox"/> no |
| | | | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> yes <input type="checkbox"/> no |
| | | | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> yes <input type="checkbox"/> no |

Specific Instructions:

| |
|---|
| . |
|---|

☐ **Yes** ☐ **No** Does your child have any difficulty taking medicines? If yes, please describe:

| |
|---|
| . |
|---|

Please note that any medicine will not be administered to your child that is not listed on this form. If you would like for your child to be able to take Tylenol or Ibuprofen products in case of headache or muscle aches, you MUST note it on this form. A new form will be required if instructions or medicine change.

| | |
|---------------------|---|
| Parent signature | . |
| Parent printed name | . |
| Date | . |

YEARLY FIELD TRIP CONSENT FORM 2025 - 2026

Dear parent/guardian:

Your child is eligible for participation in an educational field trip as described below. Please read this information carefully and provide the necessary data. No student will be permitted to participate in the field trip unless he/she has first submitted a completed form, **signed by parent(s)/guardian(s)/or a parent who has sole custody of the child (signature required on both sides).**

PART A (Student Information)

| | | | |
|---------------------|---|-------|---|
| Student's full name | . | Grade | . |
| Address | . | | |
| City | . | State | . |
| | | Zip | . |

PART B (Trip Information)

Departing Location: **School Campus (Cleveland/Parma/Plaza Locations)**

Means of Transportation: **City school bus, private bus company, or staff car**

PART C (Emergency Treatment)

In the event that my child should become ill or injured during the course of this educational field trip, I request that you make reasonable attempts to contact me. Please contact at:

| | | | |
|-------------------|---|---------------|---|
| Mother's name | . | Father's name | . |
| Cell Phone | . | Cell Phone | . |
| or contact (name) | . | Phone | . |

If attempts to contact at the above numbers have been unsuccessful, I hereby give my consent for:

1. Administration of any treatment deemed necessary by a licensed physician, medical staff or ER and
2. the transfer of my child to a hospital or emergency facility as deemed necessary by the school personnel or physician

| | |
|---------------------|---|
| Parent signature | . |
| Parent printed name | . |
| Date | . |

YEARLY FIELD TRIP CONSENT FORM 2025 - 2026 (continued)

PART D (Transportation)

Transportation for this field trip is being provided by the City School Transportation Department, a private bus company, or staff car.

1. I understand that Al Ihsan School will not be responsible for nor supervise my child during any time period he/she is in route in any vehicle (including bus) to the destination. Supervision will continue again when staff meets the student at the field trip's final destination. Students are expected to behave when traveling in any vehicle (including bus) but the school will not be responsible for any student who causes harm themselves and/or to others due to limited supervision in a vehicle (including bus).
2. I understand that should I decline to give permission for my child to ride the transportation the school offers for the educational trip, they must stay home for that day and it will be considered an unexcused absence unless I choose to drive my child to the destination.

With the full knowledge and understanding indicated in paragraphs 1-2 above, I authorize my child to be transported by staff car, a private bus company or public transportation as indicated on the Parent Approval Form. I waive any rights I or my child may have to damages and release Al Ihsan School from any responsibility or harm which might occur to my child (including, but not limited to, any harm that may result from automobile accidents or lack of supervision) while he/she is in route in the vehicle (including bus) until he/she meets the school employee responsible for the trip at the final destination.

| | |
|---------------------|---|
| Parent signature | . |
| Parent printed name | . |
| Date | . |

STUDENT MEDIA RELEASE FORM 2025 - 2026

| | | | |
|---------------------|---|-------|--|
| Student's full name | Click here to enter text. | Grade | |
|---------------------|---|-------|--|

Al Ihsan School regularly uses several forms of media (either as a whole school or individual students or classes) to publicize our students and their achievements, as well as, school activities. We may publish students' names, photographs, or achievements in our school publications or release the information to local media (newspaper, radio, Internet and television).

The acceptable posting policy has been designed to protect all students and inform students and employees as to appropriate content to be placed.

| | |
|---|--|
| <u>Will use –</u> <input checked="" type="checkbox"/> Student first name <input checked="" type="checkbox"/> Last name initial <input checked="" type="checkbox"/> Teacher's name, class, grade <input checked="" type="checkbox"/> Student's work <input checked="" type="checkbox"/> Student's photo <input checked="" type="checkbox"/> Student's performance | <u>Will not use –</u> <input checked="" type="checkbox"/> Student's last name <input checked="" type="checkbox"/> Student's addresses <input checked="" type="checkbox"/> Student's phone number <input checked="" type="checkbox"/> Personal email addresses <input checked="" type="checkbox"/> Other personal information |
|---|--|

| Please mark YES or NO for the following: | | |
|--|------------------------------|-----------------------------|
| Picture | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Video | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | |
|---------------------|---|
| Parent signature | . |
| Parent printed name | . |
| Date | . |

STUDENT PICK-UP AUTHORIZATION FORM 2025 - 2026

Dear Parents:

The safety of our students is one of our most important jobs. Please be aware that we will release your child only to you and people who are authorized to pick them up. Please fill out the information below so that we know who may pick up your child. Individuals must still bring in a photo ID for us to verify.

| | | | |
|---------------------------------------|---|-------|--|
| Student's full name (please print) | . | Grade | |
|---------------------------------------|---|-------|--|

I, as the parent of the child named above, give permission for the following individuals to pick up:

| | | | |
|--------------|---|-------|--|
| Full Name | . | | |
| Relationship | . | Phone | |

| | | | |
|--------------|---|-------|--|
| Full Name | . | | |
| Relationship | . | Phone | |

| | | | |
|--------------|---|-------|--|
| Full Name | . | | |
| Relationship | . | Phone | |

| | | | |
|--------------|---|-------|--|
| Full Name | . | | |
| Relationship | . | Phone | |

****Student(s) will not be released to anyone except those who are listed above ****

| | |
|---------------------|---|
| Parent signature | . |
| Parent printed name | . |
| Date | . |

Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

| | | |
|--|--|---|
| Student Name: <i>(First Name and Last Name)</i> _____ | | Student Date of Birth: <i>(mm/dd/yyyy)</i> _____ |
| Communication Preferences Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand. | 1. In what language(s) would your family prefer to communicate with the school? _____ | |
| Language Background Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed. | 2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____ | |
| Prior Education Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child. | 5. In what country was your child born? _____ 6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____ 7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____/_____/_____ Month Day Year | |
| Additional Information Please share additional information to help us understand your child's language experiences and educational background. | _____ _____ _____ | |
| Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____ Parent/Guardian Signature: _____ Today's Date: <i>(mm/dd/yyyy)</i> _____ | | |

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>

