

Student Name		Gender	Grade in 2025 – 2026	
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**Will not be accepted before February 25, 2025**



**Al Ihsan School**  
**NEW STUDENT**  
**Pre-Enrollment Form**  
**1<sup>st</sup> – 12<sup>th</sup> GRADES**  
**School Year 2025 – 2026**



**Your application will not be accepted until all the listed paperwork is 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:*

لن يقبل هذا الطالب إلا إذا استوفيت جميع الأوراق المطلوبة وهي

- Enrollment Application

تعبئة هذا الطلب

- Most recent report card (2nd quarter and after)

آخر شهادة دراسية حصلت عليها ( ما بعد الفصل الدراسي الثاني )

- Most recent state test scores and/or standardized assessments (NWEA MAPS)

آخر نتيجة امتحان معتمدة من الولاية التي يسكنها التلميذ

- Recommendation for Admission sent by student's current teacher/principal

رسالة حسن سيرة و سلوك من معلمتك الحالية أو مدير المدرسة

**Al Ihsan School**  
**1st – 12<sup>th</sup> 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 at time of placement test**

Location (please mark one box): ☐ **Cleveland** (1st – 12<sup>th</sup> Grade) ☐ **Parma** (1st – 5<sup>th</sup> Grade)

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

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



### **Confidential Teacher Recommendation for Admission**

Must be completed by a current teacher or principal and email to [r.ain@alihsanschools.org](mailto:r.ain@alihsanschools.org) (Plaza),  
[a.hurtado@alihsanschools.org](mailto:a.hurtado@alihsanschools.org) (Parma) or [j.lachheb@alihsanschools.org](mailto:j.lachheb@alihsanschools.org) (Cleveland)

**Name of Student:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Grade in 25-26:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The student above is seeking admission to Al Ihsan School. We would appreciate your candid response regarding the student's intellectual promise and capacity for success. Please make sure to fill this out as soon as possible. Be assured your comments will be held in the strictest confidence and will not be shared with the student or parents. This recommendation will not become part of the student's permanent file. Questions regarding the completion of this form should be directed to (216) 676-5006 or via email using the email addresses above. Thank you so much for your time and effort in completing this form.

	Excellent (Top 10% of students)	Good (Upper half of students)	Fair (Lower half of students)	Poor (Lowest 10%)	N/A
Willingness to Serve Others					
Academic Achievement					
Consistency of Performance					
Quality of Daily Preparation					
Work Ethic					
Class Participation/Attentiveness					
Self-direction					
Leadership Ability					
Relationship with Peers					
Relationship with Adults					
Respect for Others					
Integrity and Honesty					
Social and Emotional Maturity					
Exercises Self Control					
Family Support of Education					

1. Math – Please identify the students mathematics ability and the level this student will have completed by the end of this school year:

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2. Language Arts – Please identify the students reading/ELA ability and the level this student will have completed by the end of this school year:

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3. Which academic accommodations, if any, have been made that should continue to facilitate this student's success?

☐ No Accommodations Needed    ☐ IEP/504 Plan    ☐ Preferential Seating    ☐ Small Group Testing

☐ Frequent Breaks    ☐ Calculator    ☐ Spell-check/Dictionary    ☐ Break Complex Tasks into Parts

☐ Oral Response (vs written)    ☐ Audio Reading Assistance

☐ Extended Time

Other (please list below):

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4. What makes this student unique or what unique contribution does this student make in your school?

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5. Are you aware of any factors that have interfered with this student's past academic performance or any factors that could interfere with this student's academic performance in school? ☐ No ☐ Yes If yes, please explain below:

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6. a. Has the student displayed chronic or repetitive behaviors that interfere with his/her or others' learning?

☐ No ☐ Yes

b. Has the student been disciplined for a severe infraction in the last two years? ☐ No ☐ Yes

\* If yes, please explain below and send discipline records with this form:

☐ Please call the principal for further information. Principal's phone number: \_\_\_\_\_

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(please select one recommendation for each of the following areas)

	Strongly Recommend	Recommend	Recommend with reservations	Do Not Recommend
For Academic Promise:				
For Character/ Personal Promise:				
Overall Recommendation:				

**Additional Comments** (optional):

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**Printed Name**

**Title (Position/Subject)**

**School**

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**Signature**

**Date**