



# *IQRA Bilingual Academy*

4314 Allées Seydou Nourou Tall – Dakar, SENEGAL Tel (221) 33-824-67-92

## **K- 5<sup>th</sup> APPLICATION FOR ADMISSION NEW ADMISSION**

### **STUDENT INFORMATION**

PLACE  
PHOTO  
HERE

Assalamu Alaikum  
Dear Parent and Applicant,

Admission to Kindergarten to 5<sup>th</sup> grades is limited only to students and families who understand, appreciate, and support this school's Islamic rules and rigorous academic program.

### **APPLICATION PROCEDURE**

**APPLICATION FORM:** The applicant should complete Part A (page 2 only) carefully in his or her own hand writing: the parent or guardian should complete Part B. Please attach a recent photograph.

**FEES:** After completing the application, please return it along with a non-refundable:  
1. Testing Fee

- **TO SECURE APPLICANT'S PLACE:** First month tuition deposit is required to secure a place in the school. This deposit is non-refundable if the family decided to terminate the application. However, if the school did not admit the student the first month tuition deposit will be returned in full but not the testing fees.

**TRANSCRIPT:** The applicant's parent or guardian must complete the enclosed Student Records Release form and give it to the applicant's school counselor. The school will then forward the information directly to us.

**INTERVIEW:** All applicants and parents receive interviews prior to enrollment.

**SURVEYS:** All applicants and parents need to fill out a few surveys prior to enrolment.

**TESTING:** All applicants need to take the admission tests we offer in the *school*.

**PROBATION:** All students who are admitted will be put on a probation period of one semester or one trimester before they are considered permanent applicants.

ANY QUESTIONS ? NEED MORE INFORMATION ? PLEASE CONTACT THE ADMISSIONS OFFICE AT 33-824-67-92.



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## APPLICATION FOR ADMISSION NEW ADMISSION

**PART A. To be filled out by students grades K - 5. To complete your answers, write on the back of this page.**

1. First and middle names \_\_\_\_\_
2. Last name \_\_\_\_\_
3. Birthdate \_\_\_\_\_ Boy or girl \_\_\_\_\_
4. **Kindergarten and Grade 1 students (only):** Draw a picture of your new school in the box below. (Be ready to explain your drawing to the teacher.)

### **Students in Grades 2- 5 (ONLY)**

5. What is your favorite subject ? \_\_\_\_\_
6. What do you like to do in your free time ? \_\_\_\_\_
7. What surahs of Qur'aan do you know ? \_\_\_\_\_
8. What is your best friend's name ? Where does your best friend live? \_\_\_\_\_
9. Explain in the space below using your own words.  
Why do you want to be an IQRA Bilingual Academy student ?



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## **Kindergarten -5<sup>th</sup> grade APPLICATION FOR ADMISSION NEW ADMISSION**

**Part B. To be completed by the parent. Please use the back of this page to complete your answers.**

### **PARENTAL QUESTIONNAIRE AND CONFIDENTIAL PRELIMINARY HEALTH REPORT**

1. What would you like to see your child accomplish through his or her education at *IQRA Bilingual Academy*?
2. Which of your child's qualities do you respect and admire most?
3. In extracurricular activities does your child generally continue with his or her own interests once begun?  
YES                      NO
4. How does your child usually spend his/her free time?
5. Is there an area of potential in our child that you would especially like developed further?
6. Is there any academic area or areas in which you would particularly like to see your child improve?
7. What type of things upset your child?
8. What challenges have you seen your child overcome in the last year ?
9. Can your child read Arabic ?    YES      NO
10. What surahs has your child completed in the last year ?

**If the answer to any of the questions is "yes", please explain in full on the back of this paper.**

9. Has your child ever had physical, mental, emotional, scholastic, or disciplinary difficulties?    YES    NO
10. Has he or she ever been prescribed Ritalin or any other drug for hyperactivity?    YES                      NO
11. Are there any restrictions regarding his or her physical activities?                      YES      NO

***I certify that all above statements are true to the best of my knowledge.***

\_\_\_\_\_  
Signature of Parent Guardian with Legal Custody

\_\_\_\_\_  
Date



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## STUDENT INFORMATION

Student \_\_\_\_\_ **Grade entering** \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Birthday \_\_\_\_\_ Nationality \_\_\_\_\_

Birthplace \_\_\_\_\_ Age \_\_\_\_\_ Sex M or F  
City State Country

## **SCHOOL HISTORY**

School last attended \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade in which enrolled \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

List all the schools attended by the child

School	Address	Grade(s)	Year(s)
_____	_____	_____	_____
_____	_____	_____	_____

## STUDENT DEVELOPMENTAL INFORMATION

Does any of following factors applies in your child’s life: absence of father or mother, adoption, in -laws or grandparents in the home, unusual accidents or serious illness, disability, or other?

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any limitations, which would hinder him/her from normal progress in a regular classroom situation? If so explain \_\_\_\_\_  
\_\_\_\_\_

What countries has your child lived in other than United States?  
If so, Where? \_\_\_\_\_ When & for How Long? \_\_\_\_\_

What is the predominant language in your home? \_\_\_\_\_



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Mother? \_\_\_\_\_

What language(s) does the father speak? \_\_\_\_\_

List languages in which your child is proficient \_\_\_\_\_

## FAMILY INFORMATION

**Father's Name** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number street city zip

**Occupation** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Email #1** \_\_\_\_\_ **Email #2** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number Street City Zip

**Occupation** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Email #1** \_\_\_\_\_ **Email #2** \_\_\_\_\_

**Relationship of Parents** Married \_\_\_\_\_ Divorced \_\_\_\_\_

**Guardian Name** (If the child does not live with either parent) \_\_\_\_\_

**Relationship to parent** \_\_\_\_\_ **Relationship to student** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Emergency Contact Number** \_\_\_\_\_

**Email #1** \_\_\_\_\_ **Email #2** \_\_\_\_\_

**Language(s) spoken in the home** \_\_\_\_\_

Brothers and Sisters (Please list below) Please indicate any IQRA students among your siblings of applicant.

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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## APPLICATION STATEMENTS

### PARENT AGREEMENT

- I agree to abide by all school policies and procedures. I understand that my child is accepted on a provisional basis subject to his/her assessment and performance in class.
- Students must respect each other, obey teachers, and demonstrate Islamic manners and behavior.
- Parents will provide an Islamic environment at home and be good models for their children.
- Parents will actively participate in school programs; parent-teachers, fundraising, and will do volunteer work for the school when requested.
- It is our tradition in our school staff and the media to use images of individual students and groups of students to commemorate events and to promote various educational, sports and cultural events. I consent to having photographs and work samples of my child(ren) used by IQRA Bilingual Academy in the yearbook, newsletters and other promotional material.
- Students' names, images and comments may also be published in the school yearbook or newsletter, and in material such as newsletters, brochures, annual reports or in the news media such as local newsletters and on rare occasions, videos, DVDs, or television footage.
- The school may prepare a family phone list (car pool list, class list, etc.) for a family directory. If you DO NOT want your phone number and address included, please send a letter to the principal.
- This information will be kept as part of your child's file as long as he/she attends our school. Please note that you are responsible for notifying the school should the status of your permission change.

I hereby make this application for my Son/Daughter \_\_\_\_\_  
 (First name) (Last name) for grade \_\_\_\_ in IQRA BA for 2018-2019 school year.

I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS CORRECT.

I UNDERSTAND THAT IQRA BA CURRENTLY OFFERS AN AMERICAN AND INTERNATIONAL PROGRAM AND A HIGH SCHOOL AMERICAN DIPLOMA.

I UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ENROLLMENT OF MY CHILD IN IQRA BILINGUAL ACADEMY.

\_\_\_\_\_  
 Signature of Parent / Guardian

\_\_\_\_\_  
 Date

-----  
**Please do write below this space. For school use only:**

\_\_\_ Registration Fee                      \_\_\_ Health Records                      \_\_\_ Application Received by \_\_\_\_\_

\_\_\_ Check                                      \_\_\_ Birth Certificate

\_\_\_ Cash                                        \_\_\_ School Records                      Date Received \_\_\_\_\_

Placement Test Given on \_\_\_\_\_                      Math Score \_\_\_\_\_                      Reading Score \_\_\_\_\_

Date of Interview \_\_\_\_\_                      Class Assigned to \_\_\_\_\_

\_\_\_ Non-Conditional                      \_\_\_ Conditional (Reason) \_\_\_\_\_

\_\_\_\_\_  
 Principal's Signature

\_\_\_\_\_  
 Date



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## K- 5<sup>th</sup> APPLICATION FOR ADMISSION (NEW)

### HEALTH HISTORY

History to be filled out By Parent  
Circle Correct Statements and Return to School When Completed

CHILD'S NAME \_\_\_\_\_

DATE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

#### A- PREGNANCY AND BIRTH

Circle Correct Answer

- |   |     |     |
|---|-----|-----|
| 1. Did you have an illness during your pregnancy? -----       | No  | Yes |
| 2. Did the baby come on times?                                | Yes | No  |
| 3. What was the birth weight? _____                           |     |     |
| 4. Did your baby have any trouble starting to breathe ? ----- | No  | Yes |
| 5. Did the baby have any trouble while in the hospital? ----- | No  | Yes |

#### B. FEEDING AND DIGESTION

- |  |    |     |
|--|----|-----|
| 1. Was there severe colic or any unusual feeding problems the first three months?-----                               | No | Yes |
| 2. Is your child's appetite usually good ?<br>Is it good now?  | No | Yes |
| 3. Do any foods disagree with him/her?   | No | Yes |
| 4. Does he/she often have diarrhea ?<br>Has constipation ever been much of a   | No | Yes |
| 5. problem ?   | No | Yes |
| 6. Does your child eat a wide variety of foods?  | No | Yes |
| 7. Does he/she take vitamins with <input type="checkbox"/> Iron? <input type="checkbox"/> Fluoride?                  |    |     |
| 8. Does your child frequently eat clay, paint chips, dirt or any thing else that is not<br>usually considered food ? | No | Yes |
| 9. What type of milk does your child drink?  |    |     |

#### C. FAMILY HISTORY

- Circle any of the following diseases that this child's parents, grandparents, aunts, uncles, Brothers, sisters have had:  
Tuberculosis, diabetes. Asthma. Heart disease, High blood Pressure, allergy, Seizures. Cancer, Mental illness, Inherited Diseases.
- Are the child's parents born in good health?----- Yes No
- Have any of your children died?----- No Yes



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## D. INFECTIONS. ILLNESSES. MISCELLANEOUS PROBLEMS AND DEVELOPMENT

- |  |     |     |
|--|-----|-----|
| 1. Has your child had as many as three bouts of ear trouble?-----                                  | No  | Yes |
| 2. Does he/she usually have more than three colds or throat infections a year with fever?<br>----- | No  | Yes |
| 3. At what age did he/she sit alone?-----  |     |     |
| 4. Does he/she have any trouble with urination?-----   | No  | Yes |
| 5. Has he/she ever had a convulsion?-----  | No  | Yes |
| 6. Does he/she have any trouble with his/her eyes?-----  | No  | Yes |
| 7. Does he/she hear well?-----   | No  | Yes |
| 8. At what age did he/she walk alone?-----   |     |     |
| 9. Did he/she say any words by the time he/she was 1 1/2 years old?-----                           | Yes | No  |
| 10. Does he/she have any trouble sleeping now?-----  | No  | Yes |

11. Circle any of the following that your child has had:

- “Red” or “hard” Measles,
- Whooping Cough,
- German Or three-day Measles,
- Serious Accidents,
- broken bones.
- Pneumonia,
- removal of Tonsils and
- Adenoids,
- Other Operations – What ?
- Other Diseases - What?
- Hospitalization –Reason ?

## E. ALLERGIES

- |  |     |     |
|--|-----|-----|
| 1. Has he/she ever had eczema or hives?-----   | Yes | No  |
| 2. Has he/she ever had wheezing or asthma?-----  | No  | Yes |
| 3. Does he/she tend to have a stuffy nose or constant cold?-----                                     | No  | Yes |
| 4. Has he/she had any allergies or reactions to any medicines or injections, immunizations?<br>----- | No  | Yes |

## F. EMOTIONAL PROBLEMS

- |   |     |     |
|---|-----|-----|
| 1. Is he/she doing well in school?-----   | No  | Yes |
| 2. Does he/she get along well with other children? -----  | Yes | No  |
| 3. Circle any of the following which your child has: Nail Biting, Thumb Sucking, Nightmares. Bad Temper. Irritable, Wets Bed. Won't mind, Cant Toilet Train, speech problems, Breath holding, Jealousy. |     |     |

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





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**(Extra page to complete answers)**