



# *IQRA Bilingual Academy*

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

PLACE  
PHOTO  
HERE

## **GRADES 6-12 APPLICATION FOR ADMISSION NEW ADMISSION**

### **STUDENT INFORMATION**

Assalamu Alaikum  
Dear Parent and Applicant,

Admission to 6<sup>th</sup> -12<sup>th</sup> grade 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 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:  
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 enrollment.

**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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## 6-12<sup>th</sup> APPLICATION FOR ADMISSION NEW ADMISSION

**Part A. To be completed by the student.** *Please use the back of this page if necessary to complete your answers.*

Name of Applicant: \_\_\_\_\_ Age \_\_\_\_\_  
First Name Last Name

Date of Birth: \_\_\_\_\_ Nationality \_\_\_\_\_ Grade to be enrolled: \_\_\_\_\_

Present School: \_\_\_\_\_ In what country?: \_\_\_\_\_

Has applicant ever attended ***IQRA Bilingual Academy***? Yes, in 20 \_\_\_\_\_ No

From what person or publication did you hear about ***IQRA Bilingual Academy***? \_\_\_\_\_

1. In which academic subjects are you most interested? Why? \_\_\_\_\_
2. What are your career goals?
3. Are there any subjects in which you feel you need some help? If so, which ones and what do you feel is causing the difficulty?
4. What would you like to accomplish at ***IQRA Bilingual Academy***? (Please be specific)
5. Have you ever skipped or repeated a grade Yes No If yes which grade? \_\_\_\_\_
6. Please check the appropriate boxes to indicate your talents and interest. Also place an "X" by the area in which you have received an award or honor.

	Very Interested	Not Interested	Above Average	Average
Reading				
Mathematics				
Science				
Creative Writing				
History				
School Leadership				
Drama				
Speech/Debate				
Arabic				
Art				
Quran Memorization/Tafseer				
Islamic Studies				
Computers				
Team Sports				
Other :				



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### **Part B. To be completed by the parent.**

#### **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?

**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

**FAMILY  
INFORMATION**

Student Name \_\_\_\_\_ Grade Level \_\_\_\_\_

	<b>FATHER</b>		<b>MOTHER</b>
<b>NAME</b>		<b>NAME</b>	
<b>ADDRESS</b>		<b>ADDRESS</b>	
<b>EMAIL</b>		<b>EMAIL</b>	
<b>HOME PHONE</b> (    )		<b>HOME PHONE</b> (    )	
<b>EMPLOYER</b>		<b>EMPLOYER</b>	
<b>WORK ADDRESS</b>		<b>WORK ADDRESS</b>	
<b>CITY</b>		<b>CITY</b>	
<b>WORK PHONE</b> (    )		<b>WORK PHONE</b> (    )	
<b>OCCUPATION</b>		<b>OCCUPATION</b>	
<b>ED. LEVEL</b>		<b>ED. LEVEL</b>	

**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 \_\_\_\_\_

**Applicant's brothers and sisters: (Indicate current or past IQRA Bilingual Academy students if relatives or siblings to applicant)**

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