



REGISTRATION PACKET SCHOOL YEAR 2016-2017

GENERAL INFORMATION

Dear Parent(s) and/or Guardians(s):

Assalamu-Alaikum

I would like to welcome and thank you and your family for joining the ICOB Academy family. ICOB Academy seeks to develop in each student, a positive identity as a Muslim who is prepared intellectually, socially, emotional and physically to succeed in tomorrow's world. At ICOB Academy it is our goal to integrate their academic skills, Sunnah & Qur'anic principles in order to make positive contributions to the global community. We aspire to develop in each student, a balanced character enriched with knowledge, inspired to excellence and committed to the betterment of the family & community. I look forward to receiving your child(ren) at our school Insha'Allah. It will be our honor to welcome you to a new academic new year. It will be a pleasant educational experience for us all.

Here are a few important items I want you to be aware of:

1. The 2016-2017 school year will begin on Tuesday, September 6, 2016.
2. School timings are as follows: 8:30 AM to 3:00 PM.

In this registration packet please find the following information and forms that must be completed and returned to the school.

1. Admissions Application
2. Admissions Policy
3. Parent Agreement
4. Authorization Form: Field Trips & Photography
5. Authorization Form: Medical Treatment
6. Nurse Assistance Permission Form
7. Request for Student Records
8. Universal Child Health Record Form
9. Transportation Form (for students who turn 5 years old before October 1st, and up)
10. Uniform Forms
11. ICOB Academy School Calendar for 2016-2017 Academic Year

Please submit the following information in addition to the Completed Registration Packet:

1. Registration Fee (Non-Refundable)
2. Copy of The Student's Birth Certificate(s)
3. Copy of Current/Updated Immunization Card(s)
4. Copy of Most Recent Report Card(s) (1st Grade And Above)

In addition, here is a chart showing the breakdown of the school's tuition fees:

ICOB Academy Tuition Fee Chart

First Child	\$350
Second Child	\$325
Third Child	\$300

**Each additional child will be \$25 less*

Thank you for supporting your child's education. We hope you have a wonderful start to the school year. Please do not hesitate to contact me if you have any questions or concerns.

Sincerely,
ICOB Academy



ADMISSIONS POLICY

Nondiscriminatory Policy with regard to Students:

ICOB Academy follows a strict anti-discriminatory policy. Students are admitted regardless of any race, color, national and ethnic origin. All students equally enjoy and participate in the rights, privileges, programs and activities generally accorded or made available to all students at our school.

Admissions Process - Goals and Objectives:

1. To detect the strengths & weaknesses of all prospective students during the admissions process.
2. To admit students who qualify the set academic & behavior standards of the school.
3. To detect the readiness & compatibility of students to join the school program.
4. To acquaint the students and their parents with the school policy, environment and expectations from both parents & prospective students.
5. The policy should replicate unbiased, indiscriminate and fair standards of admission that will apply to all everyone involved equally across the board.

Admission Requirements:

For any student to be admitted to ICOB Academy, he/she MUST meet the following requirements:

1. We MUST receive the complete Application, signed and dated before the Deadline
2. Application form must be filled out completely & accurately.
3. Students MUST exhibit discipline, ability to comprehend and self control.
4. Prospective Student(s) MUST achieve an average of 70% or above in English & Mathematics.
5. By signing the admissions application, parents accept and will be held responsible to adhere to the school admissions policy. Any policy that the school implements thereafter, is considered accepted after 7 business days. If a parent wants certain amendments to be made to the policy change, he/she MUST inform in writing before this 7 day period. After careful consideration, we will inform the parent if such change is needed. We here at ICOB Academy believe in fair chance and the importance of providing well balanced education to all students. We here work for our families and community at large. Our policies will always reflect this philosophy and keeping the needs of our families in mind.



PARENT AGREEMENT

I AGREE TO ABIDE BY THE RULES & REGULATIONS OUTLINED IN THE PARENTS HANDBOOK AND AS DESCRIBED BELOW. I UNDERSTAND THE DISCIPLINE POLICY AND ALL OTHER POLICIES PUT IN PLACE BY ICOB ACADEMY. I AGREE THAT DAILURE TO COMPLY WITH ALL OR ANY OF THESE RULEAS & REGULATIONS WILL RESULT IN THE DISMISSAL OF MY CHILD BY ICOB ACADEMY SCHOOL AUTHORITIES.

SIGNATURE OF THE PARENT OR GAURDIAN _____ DATE: _____

1. Tuition is tabulated on a Monthly basis (4 week period). The same amount of tuition is due the first of each month for a period of 10 months. From time to time we give a grace period to parents. Months that contain more than 20 school days allow us to use these extra days for emergency closings, inclement weather, snow days etc. A Late fee of \$25 will be added to the Tuition if payment is received after the Deadline. In case of emergencies or certain unforeseen circumstances, we advise the parents to contact and inform us accordingly.
2. \$30.00 fee will be charged for each returned checks
3. Each child enrolled in our school has a reserved slot that cannot be replaced by another student. Therefore, no deductions will be made for absences since our budget is based on a set number of students per grade. Since we have limited class size and our school expenses have to be taken care of in any circumstance, we would appreciate that the parents pre-pay tuition for the time their child will be out on extended vacations. In case, this arrangement has not been made, we have the right to forfeit the child's spot at nay given time during the absence. If you are planning on withdrawal for any reason, ICOB Academy policy requires that the school receives a written notice at least one month in advance.
4. Registration for each school year is from September through June. You are obligated for the tuition for all 10 months whether your child is absent or on a leave. Please bear in mind that some provisions can be made on a need basis once the matter is discussed by the school board.
5. Emergency School closings due to inclement weather will be announced on our website or through our Emergency calling system. Emergency school closings will be decided as necessary or based upon local township / Old Bridge school district judgment.
6. School Calendar with closings/holidays is enclosed in this packet. You may pick up additional Calendars from the office if you haven't received one. Please keep the School calendar handy during the rest of the year to stay informed with our School schedule.
7. Students who demonstrate in-appropriate behavior, lewdness, misconduct or destruction of property will be dismissed by ICOB Academy. Parents will be sent a written warning of their child's misconduct. After the final third warning and no improvement is displayed, thereafter ICOB reserves the right to dismiss the child with no further.



8. Please do not send any personal belongings, toys etc. unless informed by your child's teacher. We will not be responsible loss or damage. All personal belongings sent to school as authorized by the administration or staff must be sent in a labeled bag with your child's full name.

9. If your child displays any sign of illness you must take appropriate precaution and keep them at home. In the event of a fever, keep your child at home for at least 24 hours after there are no signs of fever. IF your child is sent home from school due to illness, you **MUST** keep your child home for at least one day to be sure they are healthy. In you're your child suffers from a contagious disease or prolonged illness, keep your child at home unless the child is deemed fit to return to school by the child's physician.



ICOB ACADEMY
2016 - 2017 AUTHORIZATION FORM FOR
FIELD TRIPS & PHOTOGRAPHY/VIDEO

(Please complete 1 form per student)

I hereby give my consent for my child:

My child is enrolled at ICOB Academy and I give approval for pictures of my child taken by authorized personnel of ICOB Academy. These images/footage will be used on a variety of mediums including but not limited to:

- Yearbook
- Official School Website
- School's Social Media Sites

PARENT / GURDIAN NAME

DATE



ICOB ACADEMY
2016 - 2017 AUTHORIZATION FORM
FOR MEDICAL TREATMENT

(Please complete 1 form per student)

In the event of a medical or dental emergency, I hereby authorize ICOB Academy, its officers, agents and employees to consent to administer to the student of any treatment deemed necessary by a licensed physician or dentist, and the transfer of student to any hospital reasonably accessible. I understand that this authorization is intended to empower ICOB Academy, its officers, agents and employees to give consent to any diagnosis, treatment, or hospital care in which the judgment of a licensed physician or dentist is deemed advisable. I also understand that ICOB Academy is not financially responsible for medical treatment, emergency care, or transportation expenses.

PARENT / GUARDIAN NAME

DATE

Name of Student: _____

Insurance Company: _____ Certificate #: _____

Employer Name: _____ Employer Address: _____

Work Phone No.: _____ City, State, Zip: _____

Student's Physician: _____ Physician Phone No.: _____

Physician's Address: _____



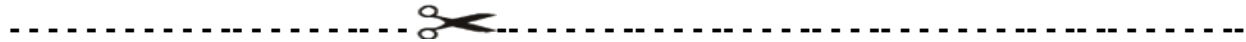
TO: Parent/Guardian
FROM: Principal's Office
RE: Nursing Services

Existing legislation provides certain nursing services for full time private school students.

Included in these services, based on available aid, is maintenance of student health records, hearing assessment and scoliosis screening.

In addition, your child will receive emergency nursing services for any school related illness or injury.

Please sign the form below and return it to my office as soon as possible.



NON PUBLIC NURSING SERVICES

I DO give my permission

I DO NOT give permission

For my child _____, in grade _____ to participate
(Please Print Child's Name)
in nursing services.

Signature of Parent/ Guardian

Date



ICOB ACADEMY 2016 - 2017 REQUEST FOR STUDENT RECORDS

(Please complete 1 form per student)

Date: _____

To: Student Records Clerk of:

School: _____

Address: _____

Phone: _____ **Fax:** _____

Re: _____
Last Name First Name Middle Initial

_____ Date of Birth Grade Level

The above student has enrolled at ICOB Academy. Please send the following as soon as possible:

- Report Cards
- All Standardized Test Scores
- Immunization Records
- Behavioral Evaluation
- Any other relevant materials

Federal Law 99.21 states: No Parent signature is required for educational records to be sent to another educational agency. FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest
- Other schools to which a student is transferring

Thank you for your cooperation.

ICOB Academy
205 Route 35 North



ICOB ACADEMY

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732-582-7020 Ext. 2

Cliffwood Beach, NJ 07735