DARUL ARQAM SCHOOL

Faith Knowledge Discipline

March 1, 2020

Dear Prospective Parents,

Assalamualaikum. Thank you for your interest in Darul Arqam School, we are looking forward to working with you and your child(ren) to complete the admission and registration process for the 2020-2021 school year. Attached you will find all the forms necessary to begin your process. However, if you should require further information, please do not hesitate to contact us.

It is our mission to provide an excellent Islamic and academic education within an Islamic environment to produce well rounded Muslims and strong leaders. In order to accomplish that mission, we empower our students with the tools necessary to help them exceed their potential.

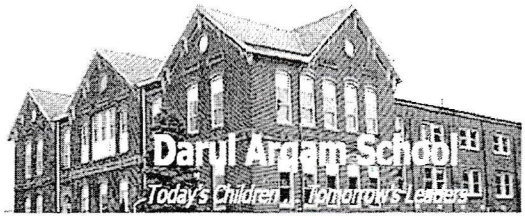
Darul Arqam school is the place where a lot is going on in students' lives. We tailor instruction around every student's individual needs through Targeted Responsive Instructional Plan (**TRIP**) used by our educators to ensure academic excellence. Technology is integrated in all subjects. Our classes are operating with digital curriculum for Math, Science and English Language Arts.

One great accomplishment, a blessing from Allah SWT, is DAS **HIFZ program** which is a full time self-sustained program for eligible students. Students memorize Quran & attend all academics during school hours.

Jazzakom Allah khair for your commitment to provide your children with Islamic education. We hope you join our community where students strengthen their **Faith**, acquire **Knowledge** and **Discipline**.

Respectfully,

Administration
admin@darularqam.org



Important Notes

Registration open Feb 15th – Aug. 9th; as long as seats are available.

Open House Dates:

Mar 24th, Apr 17th, May 11th, Jun 17th
10:00-12:30PM

*Welcome Wednesday Dates (tour the school while in session, **must call to reserve tour**): Starting Feb 20th*

Some Student Programs, Clubs, & Events:

Honors courses
Driver's Ed
Debate Club
STEAM club
Newspaper Club
Student Council
Students In Action Club
Ummah In Focus Club
Science Olympiad
Model UN
Quran Competition
National Debate Competition
Community Service
Basketball Team (boys/ girls)
Soccer Team
Arabic Bee

Don't forget to 'Like' our Facebook Page --> DarulArqamSchool

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Tuition/Fee Schedule
2020-2021

Annual Tuition

Enrolled Children	Early Childhood (Pre-S, Pre-K, KG)	Elementary (1st - 5th)	Middle School (6th - 8th)	High School (9th - 12th)
1st Child	$ 5820	$ 5350	$ 5350	$ 5950
2nd Child	---	$ 5150	$ 5150	$ 5750
3rd Child	---	$ 4950	$ 4950	$ 5550
4th Child	---	$ 4950	$ 4950	$ 5550
5th Child	---	$ 4950	$ 4950	$ 5550

*Second Child: $200 less of Annual Tuition
*Third Child or More: $400 less of Annual Tuition

FEES

Classification	Early Childhood (Pre-S, Pre-K, KG)	Elementary (1st - 5th)	Middle School (6th - 8th)	High School (9th - 12th)
Application Fee (non-refundable)*	$ 150 per Application			
Book Fee*	$ 200	$ 300	$ 300	$ 300
Lab Fee (HS Students ONLY)*				$ 200
Associate Degree Islamic Studies Fee (Grades 9, 10 & 11)*				TBD
Al-Manara Islamic Studies Fee (Grades 12) *				TBD
Maintenance Fee (via Smart Tuition)	$250 per family			
Hifz Program (if applicable via Smart Tuition)	$150/monthly per child			

*Application Fee is due at the time of registration and is non-refundable.
* Book, HS Lab and I.S. Fees are due with submission of *Additional Forms* and are **non-refundable after August 20, 2020.**

Parent Service Hours:
Darul Arqam School requires each family to provide at least **25 service hours** for their kids attending the school. Parents/Guardians who cannot volunteer their time are required to pay **$500.00**.

Smart Tuition:
In order to facilitate our tuition collection while being flexible with our parents' schedules and financial circumstances, we will continue to use Smart Tuition. Smart Tuition offers live telephone support to parents 24 hours a day, 7 days a week. Parents will be charged a **$50 annual fee** at the beginning of the school year to be able to use this service.

Tuition Collection / Late Fee:
Tuition will be collected over a **ten-month period** (September - June). All tuition payments must be made via Smart Tuition either by check, money order, credit card or automatic debt. **No payments will be accepted in the office.** Monthly payments must be received by the 5th of each month to avoid incurring late fees. For any tuition payments made after the due date Smart Tuition will automatically apply a **NON-REFUNDABLE $45.00 late fee** and also for all **returned checks a $45.00 NON-REFUNDABLE fee** will be applied to the family account. *The school will not be held responsible for any acquired late fees.*

Acceptance of School Policies:
I agree to abide by the rules and regulations outlined below and in the Darul Arqam School Parent/Student Handbook. I understand all Darul Arqam School policies, stated above. I agree that failure to comply with these rules and regulations will result in the dismissal of my child from Darul Arqam School.

Parent Name: _____

Parent/Guardian's Signature: _____ Date: _____

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Admission Rules and Policies

Non-Discrimination Policy

We seek diversity in our staff and student body. In the admission and employment policies and practices, in scholarship aid programs, and in all of our educational programs, Darul Arqam School does not discriminate on the basis of sex, race, color, religion, or ethnic origin. As a policy, we cannot guarantee admission to any applicant regardless of affiliation with the School.

Mission

Our mission is to provide an excellent Islamic and academic education within an Islamic environment to produce well rounded Muslims and strong leaders. We seek to promote a safe, caring, and supportive environment where our children can attain the knowledge that would enable them to perform as effective citizens of the world, especially in today's world of Globalization. Our students will be attaining such worldly knowledge in a spiritual environment rich with Islamic teachings, values and practices. We strive to have our parents, teachers, and community members actively involved in our students' learning.

Admission Requirements

Applications **will not be accepted if these items are not completed and/or attached:**

☐ Completed Admission Application (signed by parent or legal guardian)	☐ A copy of the child's immunization record or card
☐ A $150.00 non-refundable registration fee	☐ A copy of the child's most recent report card & state testing results (if applicable)
☐ Child's original birth certificate (we will make a copy)	☐ M.S. / H.S. School Applicants **Please refer to Middle School / High School Criteria page**

You will receive a call from the administration office with a date and time of the placement test and interview. Admission into Darul Arqam School will remain pending until, the applicant:

- Passes the placement test with an average of at least 70% (in English and Mathematics)
- The applicant and at least 1 parent or guardian attend interview conducted by at least 2 Administrators
- Availability of seats remain
- Submits additional forms listed under "Additional Forms Required" section
- Pays fees mentioned in the "Tuition Schedule"
- All new MS/HS parents are required to pay the June 2020 tuition after they have been notified via mail of their child's acceptance into the school

** Children applying for Kindergarten must meet minimum age requirements of **5 years of age on or before October 31st**.

Additional Forms Required

The following forms must be completed, signed (by a parent or legal guardian) and submitted to the main office. **Admission will not be confirmed unless all of these forms are received within 2 weeks of receiving a notice of acceptance.**

☐ Book Fees

☐ Admission Rules and Policies / Parent Agreement (this document)

☐ Emergency Contact Form

Additional Forms Required *(continued)*

- ☐ Walking Field Trip Permission
- ☐ Photography and Videotaping Consent Form
- ☐ Class Directory Consent Form
- ☐ Student Book Loan Form
- ☐ Form B6T (Application for Private School Transportation, if applicable and not already provided)
- ☐ Smart Tuition Form (please refer to the Tuition Schedule for details)
- ☐ Student Pick-up Authorization
- ☐ Transfer Card
- ☐ Release of Records Form
- ☐ Transcripts (9th grade and above)
- ☐ Standardized Test Scores
- ☐ Behavior and Discipline Records
- ☐ Non-Public Nursing Services Consent Form
- ☐ Allergy Alert
- ☐ Universal Child Health Record Form (CH-14) (**Please submit by October 1 , 2020**)
- ☐ Copy of immunization record showing all vaccinations, required by the State of New Jersey, must be attached to Form CH-14.
- ☐ Please note that all students entering sixth grade must obtain Tdap and meningococcal vaccines prior to entering class.

Tuition Payment & Collection/ Fees / Late Fee

- For you convenience, we break our annual tuition into installments to be paid the **fifth of each month** for 10 months (September 2020-June 2021) regardless of the number of days school is in session. Some months contain 20 or more school days. This provides allowances for unforeseen emergency closings, inclement weather, snow days, etc. **If tuition is not paid in full by the 5th of the month via Smart Tuition, an automatic late fee of $45.00 will be charged to your account.** *(The school is not responsible for any acquired late fees)*
- No deductions will be made for absences. Our budget is based on a certain number of students and our classes are limited in size. Each child enrolled has a reserved space that cannot be taken by another student. The school expenses continue regardless of whether or not your child is in attendance every day. If you plan an extended vacation you must pre-pay the tuition for the time your child will be out of school or your child's place will be forfeited. If you are withdrawing from Darul Arqam School, one month's written notice must be given. Registration is for September through June. You are obligated for the entire tuition (9 months) whether or not your child is in attendance.
- **Smart Tuition automatically charges your account $45.00 for all returned checks.**
- Book Fees are to be paid at the end of August and is non-refundable. (This fee is used for purchasing books and test materials provided to each class by the school.)

Office Use Only			
Date Received: _____	Received by: _____	Payment Method: _____	Referred by: _____

Admissions Application

Grade in 2020-2021: _____ Last 4-Digits SS #: _____

Office Use Only:
ID #: _____

Student Information

Last Name: _____ First Name: _____ Middle: _____

Address: _____ Home Tel: _____

City: _____ ST: _____ Zip: _____ Race: _____

Gender: _____ DOB: _____ Place of Birth: _____

Student resides with: _____

Name and Address of Last School Attended: _____

Parents' Information

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Employer Name: _____ Employer Name: _____

Address: _____ Address: _____

City/ST/Zip: _____ City/ST/Zip: _____

Work No: _____ Work No: _____

Cell No.: _____ Cell No: _____

Email: _____ Email: _____

Guardian Information

Please provide us with the name of an adult, other than the parents who will be authorized to assume responsibility of the child.

Name: _____ Relationship: _____

Address: _____

Home No.: _____ Cell No.: _____

Race/Ethnicity: (Check all that apply)	*Household Income:*
_____ Asian (Original from the Far East/South Asia, Asia Continent)	_____ *Under $25,000*
_____ White (Original from Europe, Middle East, North Africa)	_____ *$25,000-$50,000*
_____ African American	_____ *$50,000 - $75,000*
_____ other (please specify_____)	_____ *$75,000 - $100,000*
	_____ *Over $100,000*

Parent/Guardian Signature: _____ Date: _____

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New Applicants Instructions

Middle School & High School Only

The following documents must accompany the Admissions Packet (any application with missing documents will be denied)

1. Transcript (Official or Unofficial)
2. One Academic Recommendation letter
3. Two Islamic Community Recommendation letters (from your local Masjid or community group)
   - Letters should reference traits such as work ethics, behavior, community involvement, and leadership skills.
4. Mandatory Enrollment Enrichment program based on interview with QIA Department Head

Application Deadline is August 9, 2020

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Uniform Details for 2020-2021

All students attending DAS are required to wear uniforms on a daily basis as follows:

Vendors:

Flynn O'Hara: For elementary girls (jumpers, tops, etc), all boys daily and gym Uniforms

East Essence: All girls' abayas, scarfs, and MS/HS girls Gym uniforms

EC & ELEMENTARY

KG - 3rd grade (Girls):
Grey Jumper (Below Knee in Length) / Short & Long Sleeve Peter Pan Blouse/ Maroon Cardigan with Logo/ *Plain White Al-Amira Scarf/ choice of White or Maroon tights

4th - 5th grade (Girls):
*Maroon Abaya/ Grey Cardigan with Logo/ Grey Slacks /*Plain White Al Amira Scarf

KG – 5th grade (Boys):
Grey Dress Slacks/ Long or Short Sleeve Maroon Polo Shirt with Logo/ Grey V Neck Pullover w/logo

GYM WEAR:
Maroon Sweat Pants w/Logo or plain black sweat pants (no writing, no stripes)/ Maroon Tee with Logo/ Maroon Sweatshirt w/logo. **All Gym Tops must have school logo and be purchased from Flynn O'Hara.**

Junior High

6th - 8th grade (Girls):
*Maroon Abaya/ Grey Cardigan/ Grey Slacks/ *Grey Scarf

Gym Wear GIRLS:
Maroon Sweat Pants w/Logo or plain black sweat pants (no writing, no stripes) / Maroon Tunic Top. **Tunic Tops must be purchased from East Essence only. ALL ITEMS MUST BE LOOSE FITTING**

6th - 8th grade (Boys):
Grey Dress Slacks/ White Dress Shirt or White Polo/ Maroon V Neck Pullover

Gym Wear BOYS:
Maroon Sweat Pants w/Logo or plain black sweat pants (no writing, no stripes)/ Maroon Tee with Logo/ Maroon Sweatshirt w/logo. **All Gym tops must have school logo and be purchased from Flynn O'Hara.**
****NO JOGGERS / ALL ITEMS MUST BE LOOSE FITTING / T-SHIRTS MUST BE LONG****

High School

9th - 12th grade (Girls):
*Dark Grey Abaya/ Maroon Cardigan/ Grey Slacks/ *Maroon Scarf

Gym Wear GIRLS:
Maroon Sweat Pants w/Logo or plain black sweat pants (no writing, no stripes) / Maroon Tunic Top. **Tunic Tops must be purchased from East Essence only. ALL ITEMS MUST BE LOOSE FITTING**

9th – 12th grade (Boys):
Grey Dress Slacks/ White Dress Shirts/ Grey V Neck Pullover with logo/ Maroon Tie

Gym Wear BOYS:
Maroon Sweat Pants w/Logo or plain black sweat pants (no writing, no stripes)/ Maroon Tee with Logo/ Maroon Sweatshirt w/logo. **All Gym tops must have school logo and be purchased from Flynn O'Hara.**
****NO JOGGERS / ALL ITEMS MUST BE LOOSE FITTING / T-SHIRTS MUST BE LONG****

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For All Grade Levels both BOYS and GIRLS:

****NO JOGGERS / ALL ITEMS MUST BE LOOSE FITTING / T-SHIRTS MUST BE LONG****

Outwear – Any outerwear (sweater, hoodies, etc) that a student wears during the school day (does not include coats and jackets that are removed once arriving to school) **MUST** be either

1. Purchased from Flynn O'Hara with the school logo or
2. If not purchased from Flynn O'Hara, may **ONLY** be **Plain Black** (no writing, images, mixed colors and prints, etc).

Shoes must be flat-heeled, below the ankle. Black Dress shoes and Black Socks must be worn with Dress Uniform throughout the year. Sneakers and white socks can be worn only on Gym Days. All shirts must be completely tucked into the waistband. No sneakers, sandals of any kind are permitted on non-gym days and all shoes must be black and worn properly. Boots may only be worn if there is snow covering the ground.

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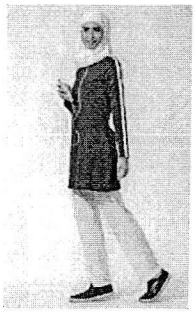
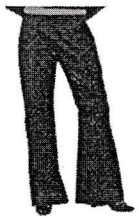
http://www.eastessence.com/islamic-clothing/Darul-Arqam/

4th-8th Grade- Maroon color, AJ5005, GAJ5005, AJ909 or GAJ909
9th-12th Grade- Grey- AJ909 or AJ5005
6th-12th Grade- Gym Shirt is Maroon LK3982W

The Pictures are to show you examples of the styles that the school is allowing this year. Colors are noted above and on the East Essence website under Darul Arqam School and with Flynn O'Hara.



Cotton Pants

Girls Uniform Pants- Kids Size

Uniform Abaya- Adult Size

Uniform Abaya- Kids Size

Girls Pleated Abaya

Pleated Plain Everyday Abaya

Hania Abaya

Flynn O Hara
Address: 2145 NJ 35, Holmdel, NJ 07733
Phone: 732-888-3885

East Essence:
http://www.eastessence.com/islamic-clothing/Darul-Arqam/
Log onto www.eastessence.com
Under Kids: Select "School Uniform"
Under 1st column you will see Darul Arqam School listed (6th on the list)

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Hifz Program Enrollment Form 2020-2021

Mission

In line with the school mission, Darul Arqam School Full time Hifz program will instill the love of the Holy Quran and make Quran the driving force in the hearts and lives of our children .The Hifz program is a self-learning program, under the guidance of our instructors. The Hifz program is 4 hours per day, dedicated to helping students master the memorization and recitation of the holy Quran in 4-5 years. Applicants will be tested and then notified if accepted into this program. Also, students should maintain 80% average grade and good Islamic Behavior.

Student Name:	**Grade:**	**Cell#:**
Father's Full Name:	**Cell #:**	**Email:**
Mother's Full Name:	**Cell#:**	**Email:**

Requirements (Please circle one):

- Student reads fluently in Arabic Yes Maybe No
- Student Recites with Tajweed Yes Maybe No
- Student has willingness to memorize Quran Yes Maybe No
- Student applies the noon sakinah & tanween reading from the Quran. Yes Maybe No
- How many Juz/s the student memorized from the Quran?_____-.

Prerequisites:

Students going into the following grades:

***3rd Grade must know from (1-2) Juz or more - Other_____.**

***4th Grade must know from (3-5) Juz or more - Other_____.**

***5th Grade must know from (6-10) Juz or more - Other_____.**

***6th & 7th please specify _____.**

Parent's Pledge:

I _____ Parent of _____ will

- Follow up daily with my child's memorization and revision of the Holy Quran. I will have to sign my child's Hifz daily report and the following up memorization report.
- I will make sure my child follows the daily Hifz schedule that he/she is assigned.
- I agree that my child will not move up to the next juza until he/she pass a test on the current one.
- I will make sure my child will be on time daily.
- I will pay the additional Tahfeez fee of **$150 monthly**.
- I will enroll my child in at least 2 hours Physical activity weekly and submit a monthly proof to school.

Parent's signature _____ Date_____

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DAS Referral Program

Darul Arqam parents and students are our best ambassadors and as such we want to show you our appreciation.

Program details and eligibility:

- Open to all current Darul Arqam School Families
- Referring family must have a child enrolled at Darul Arqam School
- Referring family must submit completed Referral Program Form to the main office prior to the completion of the admissions application of the prospective family.
- Referring family must be listed by the prospective family as the "referral' on their admission's application. Referrals cannot be made retroactively once the prospective family's admission application has been submitted.
- For each eligible new family referred, the referring family will receive 1 month tuition free for each child (will be applied throughout the 10 months billing).
- Referral discount will only be applied once the prospective student has completed the admissions process, has been accepted by the school, and has submitted all forms and required fees.
- Prospective families must be new to Darul Arqam School. Former parents or those with siblings already enrolled at Darul Arqam do not qualify as "new" parents.
- Referral discount is for 1 academic year and will not be implemented the following year.
- Referral discount may not be divided between two families.

Your Name: _____ Upcoming School Year: _____

Prospective Family's Address: _____

Name(s) and age(s) of child(ren) of prospective family:

_____ _____

_____ _____

_____ _____

How long have you known this family? _____

What school are the children in currently? _____

Referring Person's Signature: _____ Date: _____

Office use
Date Application Submitted: _____ Application Approved/ Denied: _____

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APPENDIX H

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: *American Academy of Pediatrics, New Jersey Chapter*
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name *(Last)* *(First)*	Gender ☐ Male ☐ Female	Date of Birth / /
Does Child Have Health Insurance? ☐Yes ☐No	If Yes, Name of Child's Health Insurance Carrier	
Parent/Guardian Name	Home Telephone Number ( ) -	Work Telephone/Cell Phone Number ( ) -
Parent/Guardian Name	Home Telephone Number ( ) -	Work Telephone/Cell Phone Number ( ) -

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC. ☐Yes ☐No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? ☐Yes ☐No

Abnormalities Noted:		
	Weight *(must be taken within 30 days for WIC)*	
	Height *(must be taken within 30 days for WIC)*	
	Head Circumference *(if <2 Years)*	
	Blood Pressure *(if ≥3 Years)*	

IMMUNIZATIONS	☐ Immunization Record Attached ☐ Date Next Immunization Due: ____

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ ***I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.***

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

Distribution: Original-Child Care Provider Copy-Parent/Guardian Copy-Health Care Provider

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
   - **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
   - **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
   - **Head Circumference** - Only enter if the child is less than 2 years.
   - **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The Immunization record must be attached for the form to be valid.
   - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions -** Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

   a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

   b. **Medications -** List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

      PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

      Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

   c. **Limitations to physical activity -** Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

   d. **Special Equipment** – Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

   e. **Allergies/Sensitivities -** Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

   f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

   g. **Behavioral/Mental Health issues** – Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

   h. **Emergency Plans -** May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public heath personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
   - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
   - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
   - Scoliosis screenings are done biennially in the public schools beginning at age 10.

   This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
   - Print the health care provider's name.
   - Stamp with health care site's name, address and phone number.

DARUL ARQAM SCHOOL

FINANCIAL AID APPLICATION

Darul Arqam School
8 Thomas Street
South River, NJ 08882

Instructions: Please complete this form and submit it along with your Income Tax return for last 2 years and current bank statements

PARENT / GUARDIAN INFORMATION

Name:		Social Security #:	
Address:		Own ○	Rent ○
		Monthly Payment:	
Contact #		Email	
Occupation:			

EMPLOYMENT INFORMATION

Employer 1:		Employer 2 (or Spouse Employer):	
Address:		Address:	
Supervisor:		Supervisor:	
Phone#		Phone#	

FINANCIAL INFORMATION

Total Household Income (Including Spouse Income):	$	Total Savings in Banks:	$
Total value of Stocks, CDs, any other investments:	$	Other benefits (Unemployment / Medicare / Disability):	$

STUDENT INFORMATION

1st Child Name:	Age:	Grade:
2nd Child Name	Age:	Grade:
3rd Child Name:	Age:	Grade:
4th Child Name	Age:	Grade:

CONTRIBUTION TO SCHOOL

How can you help the School? Please write down specific areas where you can help - Example: Teaching Assistance, Facility Maintenance, Transporation

1	Hours/week	
2	Hours/week	
3	Hours/week	
4	Hours/week	

I hereby certify that the contents of this application and the supporting documents submitted by me are true and correct to the best of my knowledge and belief.

Applicant's Signature: _____ Date: _____

For Office Use Only

Reviewed By: Date: Amount to be paid by parent: _____

Comments: _____

Reviewed By: Date: Amount to be paid by parent: _____

Comments:

Darul Arqam School

Student Emergency Information Form

2020-2021

STUDENT INFORMATION: (Please Print All Information CLEARLY)

Student Name:	DOB:	Grade:

PARENT CONTACT INFORMATION: (Please Print All Information CLEARLY)

	MOTHER	FATHER
Name:		
Address:		
Home Phone #:		
Cell Phone #:		
Work Phone #:		
Email Address:		
Lives with:		

EMERGENCY CONTACT INFORMATION:

List three neighbors or nearby relatives who will assume temporary care of your son/daughter if you cannot be reached in case of an illness or emergency:

	NAME	RELATIONSHIP TO CHILD	CONTACT NUMBERS
EMERGENCY CONTACT 1			TEL: CELL:
EMERGENCY CONTACT 2			TEL: CELL:

MOTHER'S NAME (PLEASE PRINT) _____ MOTHER'S SIGNATURE _____ DATE _____

FATHER'S NAME (PLEASE PRINT) _____ FATHER'S SIGNATURE _____ DATE _____

Child's Name:	Test & Interview Date:

Interview Attendees: _____

_____

Test Results:

Notes:

DARUL ARQAM SCHOOL

Faith Knowledge Discipline

DAS Referral Program

Darul Arqam parents and students are our best ambassadors and as such we want to show you our appreciation.

Program details and eligibility:

- Open to all current Darul Arqam School Families
- Referring family must have a child enrolled at Darul Arqam School
- Referring family must submit completed Referral Program Form to the main office prior to the completion of the admissions application of the prospective family.
- Referring family must be listed by the prospective family as the "referral' on their admission's application. Referrals cannot be made retroactively once the prospective family's admission application has been submitted.
- For each eligible new family referred, the referring family will receive 1 month tuition free for each child (will be applied throughout the 10 months billing).
- Referral discount will only be applied once the prospective student has completed the admissions process, has been accepted by the school, and has submitted all forms and required fees.
- Prospective families must be new to Darul Arqam School. Former parents or those with siblings already enrolled at Darul Arqam do not qualify as "new" parents.
- Referral discount is for 1 academic year and will not be implemented the following year.
- Referral discount may not be divided between two families.

Your Name: _____ Upcoming School Year: _____

Prospective Family's Address: _____

Name(s) and age(s) of child(ren) of prospective family:

_____ _____

_____ _____

_____ _____

How long have you known this family? _____

What school are the children in currently? _____

Referring Person's Signature: _____ Date: _____

Office use

Date Application Submitted: _____ Application Approved/ Denied: _____

8 Thomas Street•South River, NJ 08882•Phone: (732) 238-0038•Fax: (732) 518-2111
Website: www.darularqam.org• Email: info@darularqam.org

APPENDIX C
INDIVIDUAL STUDENT REQUEST FORM

INDIVIDUAL STUDENT REQUEST FOR LOAN OF TEXTBOOKS	
Date: March 15, 2020	
Public School District: **SOUTH RIVER**	Nonpublic School: **DARUL ARQAM SCHOOL**
Address: **15 MONTGOMERY STREET SOUTH RIVER, NJ 08882**	Address: **8 THOMAS STREET SOUTH RIVER, NJ 08882**
Name of Student	
Grade	
Name of Parent	

Under the provisions of N.J.S.A. 18A: 58-37.1 et seq., I hereby request the **SOUTH RIVER** (Public School District) to loan textbooks to the **DARUL ARQAM SCHOOL** (Nonpublic School) in which my child is enrolled. I certify that my above named child and I are residents of the State of New Jersey. I understand that the public school district in which the nonpublic school is located has oversight of the State funds designated for providing the loan of textbooks to nonpublic school students pursuant to law and regulations.

Signature of Parent/Guardian:)_____

Date:_____

MIDDLESEX REGIONAL EDUCATIONAL SERVICES COMMISSION

To: Parent/Guardian
From: Private School Principal
Re: Nursing Services; Chapter 226 – Laws of 1991

Existing legislation provides certain nursing services and funding for full-time students in private schools. Included in these services, based on available state 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 to my office as soon as possible.

Thank you,

Sharon Zrebiec

School Nurse

NONPUBLIC NURSING SERVICES
2020-2021

_____ I do give my permission

_____ I do NOT give my permission

For my child _____ in grade _____ to
(Please Print Child's Name)
Participate in nursing services and or be treated for illness or injury.

South River
School District

Darul Arqam School
Name of School

8 Thomas Street
School Address

_____ _____
Signature of Partent/Guardian Date

ALLERGY ALERT

Name: _____

Grade: _____ Age: _____

Allergic to: _____

_____

_____

_____

Allergic reaction that occurs when student is exposed to allergen:

_____

_____

_____

_____

Medication ordered if student has allergic reaction: ❑ NO ❑ YES

If yes, Medication (as ordered by the child's Physician)

_____

_____

Notify school nurse immediately for evaluation

Main office to contact parent/guardian immediately @ _____

Contact Physician @ _____

DARUL ARQAM SCHOOL
Faith Knowledge Discipline

ALLERGY ALERT

Name: _____

Grade: _____ Age: _____

Allergic to: _____

_____

_____

_____

Allergic reaction that occurs when student is exposed to allergen:

_____

_____

_____

_____

Medication ordered if student has allergic reaction: ❑ NO ❑ YES
If yes, Medication (as ordered by the child's Physician)

_____

_____

Notify school nurse immediately for evaluation
Main office to contact parent/guardian immediately @ _____

Contact Physician @ _____

8 Thomas Street • South River, NJ 08882 • Phone: (732) 238-0038 • Fax: (732) 518-2111
Website: www.darularqam.org • Email: info@darularqam.org

NEW JERSEY STATE DEPARTMENT OF EDUCATION
OFFICE OF STUDENT TRANSPORTATION

(B6T) APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION

Please submit a separate application for each child to the private school

SCHOOL YEAR **2020-2021** RESIDENT DISTRICT BOARD OF EDUCATION _____

STUDENT's NAME _____ (LAST / FIRST / MIDDLE) DATE OF BIRTH _____ (MONTH / DAY / YEAR)

PARENT OR GUARDIAN _____ DAYTIME PHONE _____ (AREA CODE + NUMBER)

HOME ADDRESS _____ CITY or TWP _____ ZIP _____

NEAREST INTERSECTION TO STUDENT'S RESIDENCE _____

MAILING ADDRESS _____ ZIP _____

FULL NAME OF SCHOOL TO BE ATTENDED **Darul Arqam School** PHONE **732-238-0038**

ADDRESS OF SCHOOL **8 Thomas Street South River, NJ 08882**

STUDENT'S GRADE FOR THE COMING YEAR _____ SHORTEST ONE-WAY MILEAGE BETWEEN HOME AND SCHOOL _____ MILES _____ TENTHS (MEASURED VIA THE SHORTEST ROUTE ALONG PUBLIC ROADWAYS OR WALKWAYS IN MILES AND TENTHS)

DATE SCHOOL OPENS **9/03/2020** CLOSES **6/25/2021** SCHOOL HOURS FROM **7:45** AM TO **3:00** PM

NAME AND ADDRESS OF LAST SCHOOL OF ATTENDANCE _____

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE * FOR PUBLIC SCHOOL USE ONLY

YOUR APPLICATION HAS BEEN REVIEWED BY THE RESIDENT DISTRICT BOARD OF EDUCATION. THE FOLLOWING DETERMINATION HAS BEEN MADE:

_____ TRANSPORTATION WILL BE PROVIDED _____ YOU ARE ELIGIBLE FOR PAYMENT IN LIEU OF TRANSPORTATION

_____ INELIGIBLE _____ (REASON)

DATE _____ SIGNATURE _____ TITLE _____

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION (B6T) N.J.A.C. 6A:27-2.5

1. IT IS THE OBLIGATION OF THE PARENT OR GUARDIAN OF PRIVATE SCHOOL STUDENTS TO:

- ANNUALLY OBTAIN THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION FROM THE ADMINISTRATIVE OFFICE OF THE PRIVATE SCHOOL FOR EACH STUDENT FOR WHICH TRANSPORTATION SERVICES ARE BEING REQUESTED. SUBMIT A SEPARATE APPLICATION FOR EACH STUDENT.

NOTE:

- o IF THERE IS A CHANGE OF HOME ADDRESS, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.
- o IF THERE IS A CHANGE IN THE NONPUBLIC SCHOOL OF ATTENDANCE, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.

- COMPLETE THIS APPLICATION AND RETURN IT TO THE PRIVATE SCHOOL ON OR BEFORE MARCH 10TH PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED.

LATE APPLICATIONS – ANY APPLICATION RECEIVED AFTER MARCH 10TH WILL BE A LATE APPLICATION AND MUST BE ACCOMPANIED BY A STATEMENT OF THE REASON FOR LATENESS. ELIGIBLE STUDENTS WILL RECEIVE TRANSPORTATION OR AID IN LIEU OF TRANSPORTATION BASED ON THE DATE THE APPLICATION IS RECEIVED BY THE PUBLIC SCHOOL.

2. IT IS THE OBLIGATION OF THE NONPUBLIC SCHOOL ADMINISTRATOR TO ANNUALLY COLLECT THE APPLICATION AND SUBMIT IT TO THE PUBLIC SCHOOL FROM WHICH TRANSPORTATION IS BEING REQUESTED PRIOR TO MARCH 15TH.

3. IT IS THE OBLIGATION OF THE PUBLIC SCHOOL ADMINISTRATOR TO NOTIFY THE PARENT OR GUARDIAN AS TO THE DETERMINATION OF EACH APPLICATION BY AUGUST 1ST.

A DISTRICT BOARD OF EDUCATION SHALL PAY AID IN LIEU OF TRANSPORTATION TO THE PARENT OR GUARDIAN OF AN ELIGIBLE STUDENT ONLY AFTER RECEIVING A SIGNED "REQUEST FOR PAYMENT OF TRANSPORTATION AID" VOUCHER AS PRESCRIBED BY THE COMMISSIONER OF EDUCATION.