



AL-HAQQ FOUNDATION ACADEMY  
 5526 Georgetown Road  
 Indianapolis, IN 46254  
 Phone: (317) 929-1700

**DISMISSAL PROCEDURE NOTIFICATION**

The safety of your child is of the utmost importance at Al-Haqq Foundation Academy. To ensure your child's safety, we request that you fill in the form below to notify the school of the procedure in which you would like your child to be dismissed. Please return this form with your child to his/her teacher. This form will remain on file and teachers will follow the dismissal procedure that you choose.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
 (Please Print)

Initial the following dismissal procedures which Al-Haqq Foundation Academy requires you to follow:

- I will come to pick up my child during the dismissal time of 3:45 p.m. to 4:00 p.m. I understand that if I arrive at 4:01 p.m. or later, I am responsible for paying Late Pick-up Fees.
- If I am unable to do so, my child will be picked up by a family member or an authorized adult. The people who are authorized to pick-up my child are:

First & Last Name	Phone Number

If special circumstances arise and my child needs to be picked up in a manner that is different from above, I agree to provide Al-Haqq Foundation Academy with written notification (text/email). If written notification is not possible, I will call and speak with Faculty or Administration before 3:30 p.m. All children remaining in school after 4:00 p.m. will be placed in After Care. Starting at 4:00 p.m. parents who have not enrolled their child(ren) or paid for After Care will be billed for the cost of \$5 for every 1 to 5 minutes interval thereafter. Late Pick-up fees must be paid at pick-up time and no later than drop-off time in the morning of the next school day.

Vehicles in pick-up and drop-off lane must keep moving as soon as the children are picked up or dropped off and it is safe to do so. **No vehicle should be in the pick-up/drop-off lane more than 5 minutes.** All other parked cars or unattended cars must be in the designated parking spaces.

**Late Pick-up Fee:** \$30 within the first fifteen minutes past pick-up time, then \$5 more for each 1 to 5 minutes interval after that. **This will be strictly enforced.**

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

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### EMERGENCY CONTACTS FOR STUDENT

Student's Name: \_\_\_\_\_

Address, City, ST, Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Primary Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

Special Medical/ Health Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## DEPARTMENT OF DEFENSE EDUCATION ACTIVITY ESL Home Language Questionnaire

**Privacy Act Notice:** Authority to Collect Information: 20 U.S.C, 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. Principal Purpose: The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student.

**Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil./privacy/notice/osd>.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

1. What language is commonly spoken in your home?  
English  Another Language  (Please specify): \_\_\_\_\_
2. Does the child you are registering speak a language other than English? (Excluding foreign languages studied in school.) YES  NO   
If yes: What language(s) is/are spoken? \_\_\_\_\_
3. What language did your child use when he/she first began to talk?  
English  Another Language  (Please specify) \_\_\_\_\_
4. Has your child attended English speaking schools? NO  YES  If yes: How many years? \_\_\_\_\_
5. What language does your child read and/or write?  
English  Another Language  (Please specify) \_\_\_\_\_
6. What language do you most often use when speaking with your child?  
English  Another Language  (Please specify) \_\_\_\_\_
7. What language does your child use most often when speaking to you?  
English  Another Language  (Please specify) \_\_\_\_\_
8. If your child is cared for by another person on a regular basis, what language is most often used?  
English  Another Language  (Please specify) \_\_\_\_\_
9. Do you as a parent need to communicate with the school in a language other than English?  
No  Yes  If yes, in what language? \_\_\_\_\_
10. If based on the results of this questionnaire it is necessary to conduct an evaluation, I understand and give my permission for Al-Haqq Foundation Administration, Faculty or Agent to do so.

Print Name of Parent Completing this Form: \_\_\_\_\_

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

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**STUDENT INFORMATION**

To help the school to provide the best possible education for your children and others already enrolled, we must have basic information. Please answer the following questions to help us make the proper placement for your child.

**Name of child:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Has the child previously attended Islamic School?** YES  NO

If YES, Name of School: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Type of Islamic School: Weekend  Summer Camp  Full-time  Not Applicable

**At the last school your child attended:**

Were special services required? YES  NO

Child received special education? YES  NO

If YES, list the type of service(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many minutes a day or hours per week? \_\_\_\_\_

Do you have copies of the I.E.P? YES  NO

Has child received TESL? YES  NO

Has child received Bilingual education services? YES  NO

If 'YES' was the child in a regular program all day? YES  NO

**Is there anything special we need to know to work better with your child?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Allergy Information**

Please list what allergies your child has. If he has none, write 'NA' here: \_\_\_\_\_

Medications: \_\_\_\_\_

Foods: \_\_\_\_\_

Other: \_\_\_\_\_



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### CONTAGIOUS DISEASE POLICY

Any student who displays symptoms of a contagious, epidemic, pandemic, or life-threatening disease such as COVID-19 will **not be permitted to attend classes** until a medical professional declares the student to be non-contagious and free of the malady. Such symptoms include but are not limited to:  
A fever of 100.2° F or greater • Coughing • Shortness of breath or difficulty breathing • Vomiting • Diarrhea • Visible shivering • complaints of chills, muscle pain, and headache • Sore throat  
• Newly lost sense of taste or smell • known exposure to an infected person

### WAIVER AND RELEASE FROM LIABILITY SECTION

I, \_\_\_\_\_, parent of \_\_\_\_\_, understand my child's experience and capabilities and believe my child to be qualified, in good health, and in proper physical condition be enrolled in Al-Haqq Foundation Academy, their agents, officers, employees, and volunteers. I hereby release, acquit and forever discharge, and do further agree to protect and hold harmless Al-Haqq Foundation Academy from all liability, demands, losses, damages or claims for relief due to any and all loss of property, expenses, and any claim associated with and on account of or in any way growing out of all known and unknown injuries which may exist, or which may hereafter arise on my child's account while on Al-Haqq Foundation Academy property, either caused by or alleged to be caused in whole or in part by negligence of Al-Haqq Foundation Academy agents, officers, employees, or volunteers.

If despite this release, my child, or anyone on my child's behalf, makes a claim against Al-Haqq Foundation Academy, I will indemnify, save, and hold harmless Al-Haqq Foundation Academy from any litigation expenses, attorney fees, loss liability, damage, or cost that may incur as the result of any such claim.

I affirm under penalties or perjury that I am the parent(s) of the student named above, and that the statements here are true and correct to the best of my knowledge and belief.

**I FURTHER AGREE THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT IS A RELEASE OF ALL CLAIMS AGAINST AL-HAQQ FOUNDATION.**

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

Relationship to Child: \_\_\_\_\_



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### EMERGENCY MEDICAL CARE

NAME OF STUDENT: \_\_\_\_\_

Being aware that Al-Haqq Foundation Academy has Emergency Response Procedures in place and that the safety and health of my child is the highest priority, I authorize Al-Haqq Foundation Academy Administration, Faculty or designated Agent to secure Emergency Medical Care for my child if my child is injured or becomes gravely ill.

**If my child needs to be transferred to a nearby emergency facility by public safety officers, I prefer that emergency facility to be:**

Name of Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital Address: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**The name, address and phone of my child's doctor is:**

Name of Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Office Address: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**My child's Insurance information is:**

Carrier/ Company Name: \_\_\_\_\_ Policy#: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Policy Type: \_\_\_\_\_

I understand that I will be responsible for the medical and transportation charges incurred for my child's emergency. I release Al-Haqq Foundation from all financial liability for taking actions to preserve my child's health or life.

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

Relationship to Child: \_\_\_\_\_

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## **DRESS CODE (continued)**

### **JEWELRY\*\***

- No necklaces may be worn visibly by students
- No boys may wear earrings
- Necklaces are allowed inside of shirts, girls only
- Only Medic Alert bracelets are allowed
- No bangles or string bracelets
- No rings, piercings, or tattoos

**\*\* Al-Haqq Foundation will not replace or pay for any lost, stolen or damaged jewelry.**

### **PROHIBITED for STUDENTS**

- Make-up
- Sunglasses (except during recess outside)
- Purses
- Electronic devices/games of all types
- Cell phones
- Money/ Credit cards
- Chewing & bubble gum

### **PURCHASING**

- Uniforms may be purchased at any location where school uniforms are sold.

### **REMINDERS**

- All uniforms and shoes must be clean, neat, free of holes/ tears
- All uniforms are to be the proper size for your child
- All shirts must be tucked in at all times
- **Sunnah clothing is always acceptable and preferred.**

**\* These garments may be worn under the uniform, but not outwardly.**

I have read and understood that the dress code above will be enforced by Al-Haqq Foundation Academy Administration to maintain the safe learning environment of the School.

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

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## ESSENTIAL RULES

To help Al-Haqq Foundation Academy carry out its mission of providing a quality academic and Islamic education as well as a safe environment for all, parents must actively assist Al-Haqq Foundation Academy by ensuring that their student(s) obey the rules of the school. Please note the following rules concerning frequently asked questions by parents and/or students:

- 1. Parents must have their student in school by 8:30 a.m. Students should be ready for morning assembly by 8:45 a.m. Classes are to start promptly at 9:00 a.m. Excessive tardiness or absence may require a Parent-Teacher conference and may result in further action.**
2. If a student is sick or must be absent for any reason, a parent must call the Administration in the school office at (317) 929-1700 between 8:00 a.m. and 9:00 a.m. If the student is to be picked up early or absent in the afternoon, a parent must call the office number by 11:00 a.m. If a student is absent for three or more days due to illness, a Doctor's note is required for the absence to be excused and should accompany the student the first day of return to school; otherwise, the absence is unexcused.
- 3. School dismissal time is between 3:45 to 4:00 p. m. Students are to be picked up on time. Parents who are unable to pick up their children on time are expected to send an authorized relative or adult to pick up your child. Late Fees will be charged beginning at 4:01 p.m., office clock time.**
4. Students are to always be in uniform/ proper attire during school hours. If students come to school out of uniform or without proper attire or soils him/herself, a parent will be called to immediately bring appropriate clothing. If parents refuse to comply, students will be placed in Day Care and counted as absent for the day.
5. Students are not allowed to use the school phone except in emergency situations. Students are not to bring mobile phones or any other electronic device or toys of any kind to school.
6. Parents must arrange classroom visitation or miscellaneous issues with the Administration to avoid or minimize disruption of classroom instruction time.
7. Changes of home or work phone number, address, email address, emergency contact or emergency phone number should be made known to the Administration as soon as the changes occur.
8. No student can participate in field trips or other activities without the required signed permissions and paid fees. A permission slip signed by a parent and fees must be received by the deadline set by the Administration before the activity occurs. No exception will be made.
- 9. Parents are obligated to fulfill the tuition payment agreement and pay other assessed fees. Al-Haqq Foundation Academy Administration will withhold students' report cards and other academic records, and students will not be allowed to graduate to the next grade level until all tuition and fees are paid in full. All past due accounts from previous years must be paid in full before a student is permitted to complete registration for the following school year. Al-Haqq Foundation Academy reserves the right to collect all balances due through any available means necessary from parents who repeatedly fail to pay their account balances and prohibit enrollment of their students.**
10. Other rules as stated by the Administration or sent home in letter format also apply.
11. Al-Haqq Foundation Academy reserves the right to revoke enrollment of any student who is danger to him or herself or others and a persistent threat to School order.

I have read and understood that the above rules will be enforced by the Administration of Al-Haqq Foundation Academy to ensure the efficiency of our resources, the effectiveness of our teachers, and the safety of the School environment.

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

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