



# AL-QALAM ACADEMY

## APPLICATION FOR ADMISSION

6666 Commerce St. Springfield VA-22150

Elementary-Middle & High School

EMAIL: - [darulhudaoffice@gmail.com](mailto:darulhudaoffice@gmail.com) ph.703-924-6000

[www.alqalamus.org](http://www.alqalamus.org)

### Student Information

Student Name (Last Name)	(First Name)	(Middle Name)
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Street Address	City	State	Zip Code
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Home Phone (with area code)	Cell Phone	Male/Female
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Date of Birth	Place of Birth	Primary Language Spoken	Other Language
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### Guardian(s) Information

Father's Full Name (Male Guardian)	Email Address
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Address (If different from student's address)
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Home Phone	Work/Business Phone	Cell Phone
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Occupation	Name of Company
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Mother's Full Name (Male Guardian)	Email Address
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Address (If different from student's address)
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Home Phone	Work Ph./Occupation	Cell Phone
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Occupation	Name of Company
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### EMERGENCY CONTACTS(other than guardians)

**Emergency Contacts are authorized to pick-up students from school without written permission from the parents.**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Number: \_\_\_\_\_

### MEDICAL INFORMATION

Has this student ever had psychological testing or been screened for academic difficulties or learning Disabilities?

Y / N

If Yes please explain:

\_\_\_\_\_

Any health concerns (allergies, asthma conditions, surgeries, diseases)? \_\_\_\_\_

\_\_\_\_\_

Required Prescription Medications? \_\_\_\_\_ Physician Name \_\_\_\_\_

Phone: \_\_\_\_\_ Insurance Company/Policy# \_\_\_\_\_

### Previous Schools

Has the applicant ever attended Al – Qalam? Y / N if yes, give date(s) \_\_\_\_\_

Reason Left: \_\_\_\_\_

\_\_\_\_\_

Has your child been suspended or expelled from a school? Y / N If yes please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Most Recent School Attended \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

\_\_\_\_\_

School Address	City	State	Zip Code	Phone Number
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### Arabic/ Quran Experience ( For placement purposes) Circle one

Arabic:	no/little knowledge	Taken classes	Native speaker
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Quran:	No/little knowledge	memorized how many Surah (s) # _____
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Explain experience further (if needed):- \_\_\_\_\_

## Application Checklist

Applications will not be reviewed for admissions until all of the following are submitted/completed: This application form is filled out completely and accurately.

1. \$100 non-refundable application fee submitted to the office with this application form. (For new admission)
2. Copy of birth certificate
3. Current VA health form with updated immunization record (completed by physician)
4. Copy of the most recent report card of the applicant
5. Official transcript from the previous school (if applicable)
6. Standardized test results (if applicable)
7. A copy of a **passport-size photo** of the applicant.

*Enrollment is limited ....Applications will be reviewed on a rolling basis as space permits; therefore, submit all paperwork as soon as possible in order to reserve a space for your child. A standard placement test, and/or student interview will be conducted (as requested) before a final admissions decision is made. Al-Qalam Academy's open admissions policy does not discriminate on the basis of race, gender, sexual orientation, ethnic origin, or similar factors. Applicants of all races and creeds are welcomed at the Al-Qalam Academy.*

**Important: - Be sure to notify the main office of any contact information changes as soon as they take effect (change of address, phone number, email address, etc.)**

**EMAIL :- [darulhudaoffice@gmail.com](mailto:darulhudaoffice@gmail.com) phone :- 7039246000**

## Volunteer Requirement

Each guardian will be required to commit to at least 30 - 40 hours of volunteering to Al-Qalam per year. Parents who cannot make the time commitment will be required to donate any amount in lieu of the hours.

### Office Use Only

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tuition Agreement signed Y / N

Application fee: \_\_\_\_\_ Registration fee \_\_\_\_\_ Activity/Resource fee \_\_\_\_\_

Transcript \_\_\_\_\_ Birth Certificate: \_\_\_\_\_ Stand. Test Results: \_\_\_\_\_

Placement Test Results: L.A: \_\_\_\_\_ Math \_\_\_\_\_

Required: Recommendation letter: \_\_\_\_\_ Interview: \_\_\_\_\_

## Tuition Information and Agreement

### (All Fees are NON-REFUNDABLE)

Application fee (new admission only)	<b>\$100</b> (non-refundable)
Activity/Resource and Book fee	<b>\$300</b> (Due on the first day of the school) VAVA (Online 6-12)- <b>\$100</b> Due on the first day of the school)
Sibling tuition discount (Always applied to lower tuition rate)	<b>2nd child: 10%, 3rd or more 20%</b>
EC- Pre- Kindergarten	<b>\$8000/year \$800/ monthly installment</b>
Kindergarten	<b>\$7000/year \$700/ monthly installment</b>
Grades 1st-12th	<b>\$6000/year \$600/ monthly installment</b>
6th-12th (Online public school)	<b>\$3000/year \$300 monthly installment</b>
Transportation fee (Limited area)	<b>\$150 (each way per child)</b>
Aftercare fee (available 3:15pm to 6pm)	<b>\$300 monthly per child</b>

### Payment Agreement: -

The Tuition Fee and/or Transportation Fee (if applicable) can be paid by one of the following options only. All payments and fees are non-refundable according to Al-Qalam's payment policy. Please choose one. \* Pay in full \*  
Pay monthly by Credit Card

\* 10 postdated checks

**CREDIT CARD INFORMATION** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **EX** \_\_\_\_\_ / \_\_\_\_\_ **CVV** \_\_\_\_\_

**NAME OF THE CARD** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_ **Amount** \$ \_\_\_\_\_

All Payment Information must be provided in advance at the beginning of the school year. Each **check or Credit Card** will be deposited or charged by the **3rd** of the month. A **\$35 fee** will be charged for any returned check.

I must inform Al Qalam of any changes to my contact information; including, but not limited to: mailing address, email address, telephone numbers. Failure to maintain the payment plan and schedule that I have selected will be a valid and sufficient reason to expel the children listed from Al Qalam and/or deny readmission to Al Qalam in the future. For Early withdrawal, a 30-day notice must be submitted and approved in order to avoid collection activities. If it is necessary to employ a professional collection agency and/or attorney to enforce or to collect a judgment based on the agreement. I will be responsible for paying all expenses accrued including, but not limited to, collection agency fees, court fees, and/or attorney fees. I authorize Al Qalam Academy to check and/or verify all references and financial information to include without limitation, credit reports.

By signing below, I acknowledge that I have read and understand this form in its entirety and that I have read and understand Al Qalam Academy's financial policies.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_