



# RAZI SCHOOL

## Application for Admission

School Year \_\_\_\_\_ Grade: \_\_\_\_\_ Date \_\_\_\_\_

### Personal Data

Name of the Student: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth (m/d/year) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Place of Birth \_\_\_\_\_

Language spoken at home (Child is fluent at) \_\_\_\_\_

Country of Origin: Father \_\_\_\_\_ Country of Origin: Mother \_\_\_\_\_

Please list all schools that the student has attended, beginning with the recent School attended:

School	Address	Dates of attendance	Grade
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List any special awards of recognition which applicant has received at school or in the community:

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If your child has had any special testing, tutoring or therapy in the last four years, please describe the Nature and the results of such efforts.

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If your child has had any major operation or injuries, note the type and the year.

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If your child regularly takes any medication, please explain:

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If your child has any sight, hearing or other impairment that would require special attention, please explain:

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If there are any activities that your child should refrain from, please explain:

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PLEASE PRINT CLEARLY:

### **Family Data**

Father's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Mother's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Guardian's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

*(If child is not living with parents)*

Home address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone No \_\_\_\_\_

Father's email address: \_\_\_\_\_ Telephone No \_\_\_\_\_

Mother's email address: \_\_\_\_\_ Telephone No \_\_\_\_\_

# Admission Procedure

- Return the completed application, together with a copy of the applicant's Birth Certificate or passport to Razi School with the \$50.00 **nonrefundable** filling fee.
- **All applications for Kindergarten and above must take the placement test. Kindergarten applicants must be five years old by December 31<sup>st</sup> to be eligible for admission** and will be tested to determine their readiness for school learning. Applicants for first grade and above are tested for their achievement in language and mathematics.
- Admission decisions are made by the school administration as soon as testing is complete and all relevant documents are received. Families will be notified in a timely manner. In the event the class is full, the applicant will be placed on the "wait list".
- **All students are required to submit a completed Child & Adolescent Health Examination Form along with proof of immunizations, which should indicate a recent test for tuberculosis and a recent flu vaccine. All medical forms must be submitted to the admissions office before a student can attend class.**
- Deposits are due upon acceptance. The first tuition & fee payment must be made **before** a student can attend class.
- Tuition & Fees apply to the child's seat in class and not based on month-to-month attendance. If a child is discharge for any reason prior to December 31<sup>st</sup> of that school year, the family is responsible for the full tuition payment.

## **Please turn page to sign!**

*Razi School admits students of any race, color, national and ethnic origin to all the rights, Privileges, program and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or ethnic origin in administration of its educational policies, admission policies, scholarship and loan program, and athletic and other administered program.*

# Terms and conditions of Razi School

This application is merely a request for admission. It becomes binding upon the undersigned only when the applicant has been examined and formally accepted and fees are paid.

It is understood that classes are limited and priority in placement is given to those students who are currently enrolled in the school. Priority is given to children who have a sibling enrolled in the school prior to applying for pre-kindergarten.

Razi School reserves the right to exclude any student permanently or temporarily at any time that the Administration deems such action advisable, either in the interest of the student or for the good of the school.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

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### For office use only

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|---|--|
| <input type="checkbox"/> Application fee received | <input type="checkbox"/> Immunization Record received    |
| <input type="checkbox"/> Check                    | <input type="checkbox"/> Student Identification received |
| <input type="checkbox"/> Money Order              | <input type="checkbox"/> Birth Certificate               |
| <input type="checkbox"/> Cash                     | <input type="checkbox"/> Passport                        |
| <input type="checkbox"/> Other                    |  |

Student Records received \_\_\_\_\_

Placement Test Score \_\_\_\_\_

Date of enrollment and Grade \_\_\_\_\_

Waiting list Number and Grade \_\_\_\_\_

Application received by \_\_\_\_\_ Date \_\_\_\_\_