IMSA
Iqra Math & Science Academy

Tel: +1 (256) 403-6161
Fax: +1 (205) 449-5311
info@imsacademy.org
www.imsacademy.org
1821 McCall Dr Anniston AL 36207 USA

INTERNATIONAL STUDENT
ADMISSION PACKAGE

Student's:

First Name : _____

Last Name : _____

Date of Birth : _____(MM/DD/YYYY)

Country : _____

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LETTER TO PARENTS

Dear Parents,

We would first like to take this opportunity to thank you for choosing Iqra Math and Science Academy as your child's educational institution. We also thank you for your trust and support.

To help ensure your child's success in school, a student-parent-school relationship and communication are necessary. For this reason, the first section of the Registration Folder contains the rules and guidelines for students and parents. This should be read and understood carefully and signed. In addition, some of these documents have deadlines, so each of the documents must be read, completed, and signed by the indicated date.

After we receive the completed documents, the administration team will keep these documents for future reference. All documents will be kept in secure environment.

We strive for success for every student and look forward to serving your child's educational needs.

(Adam) U. Demir

Principal

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APPLICATION PROCEDURE

1. Student completes and emails the following forms;
   - Student Information Form (Page 6)
   - Parent/Guardian Information Form 1 & 2 (Pages 7 & 8)
   - Academic transcript/report card from the last school attended

2. Student deposits non-refundable application fee ($250) to school account via wired transfer or Western Union. For school account details, refer to page 20.

3. After receipt of application forms and application fee, school will provide student with an admission test date and an interview date for real-time interview with school administrators.

4. If student's admission is approved, parent/guardian pays a non-refundable registration fee ($750) and submits the following registration documents filled and duly signed as soon as possible.

   - Student-Parent/Guardian School Agreement (Pages 9, 10, 11)
   - Authorization for Emergency Medical or Surgical Treatment (Page 12)
   - Immunization Chart (Page 13)
   - Permission for Provision of Non-Prescription Drugs for Minor Ailment (Page 14)
   - Physical Education and Health Classes Medical Clearance Form (Page 15)
   - Parent/Guardian Authorization & Consent Form (Page 16)
   - Affidavit of Financial Support (Page 17)
   - Form I-20 Information Form (Page 18)
   - Payment Commitment Letter (page 21)

5. Upon receipt of all documents, school issues Form I-20 and mails it to student's home country address provided. Then student applies to US Consulate for F-1 visa. Parent/Guardian should make sure that receipt of I-901 (SEVIS fee) must be printed to attach to the visa application file for visa interview at US Consulate. I-901 (SEVIS fee) can be paid online through www.fmjfee.com.

6. Health insurance fee of $500 and half of the tuition and boarding fee is due within 3 weeks of issuance of Form I-20. In case student cannot enter US or a legitimate reason occurs, full health insurance fee and one third of the tuition and boarding fee paid will be refunded.

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ADDITIONAL REGISTRATION DOCUMENTS

To complete the admission process, together with this admission package, all applicants should submit the following documents.

- Copy of Student's Passport
  - First Page
  - Visa Page (*Transfer students only*)
- Bank Letter
- Academic Transcript
- Elementary/Middle School Diploma
- Certificates of Achievement & Awards

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STUDENT INFORMATION FORM

First Name:_____ Last Name: _____

Gender: ❑ Male ❑ Female Date of Birth: Day:_____Month:_____Year: _____

Cell Phone: (_____)_____ E-mail: _____

Identification No. (If applicable): _____

Grade Applied for: _____

Home Address:

Street: _____

_____

City:_____State:_____Country:_____Postal Code: _____

Current School:

Name:_____

Address:_____

_____

City:_____State:_____Country:_____Postal Code: _____

Telephone Number: (_____)_____Fax Number: (_____) _____

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PARENT / GUARDIAN INFORMATION (1)

Student lives with;

❑ Both parents ❑ Mother only ❑ Father only ❑ Legal Guardian

Father / Legal Guardian:

First and Last Name:_____Home Phone:(_____) _____

Mobile Phone: (_____)_____ Mobile Phone 2: (_____) _____

Personal E-mail: _____

Address (If not the same as the student):

Street: _____

_____

City:_____State:_____Country:_____Postal Code: _____

Work Information:

Company Name:_____Position:_____

Address: _____

_____

City:_____State:_____Postal Code: _____

Telephone No: (_____)_____Fax No: (_____)_____

Work E-mail: _____

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PARENT / GUARDIAN INFORMATION (2)

Mother / Legal Guardian:

Home Phone: (_____) _____

First and Last Name: _____

Mobile Phone: (_____)_____ Mobile Phone 2: (_____) _____

Personal E-mail: _____

Address (If not the same as the student):

Street: _____

_____

City:_____State:_____Country:_____Postal Code: _____

Work Information:

Company Name:_____Position: _____

Address: _____

_____

City:_____State:_____Country:_____Postal Code: _____

Telephone No.: (_____)_____ Fax No: (_____) _____

Work E-mail: _____

Other Emergency Contact:

First and Last Name: _____Relationship: _____

Mobile Phone: (_____)_____ E-mail: _____

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STUDENT - PARENT/GUARDIAN - SCHOOL AGREEMENT

A. STUDENT'S RESPONSIBILITIES

Each student studying under the supervision of the school has the following responsibilities:

- To respect the rights of all other students, teachers, & staff
- To wear appropriate attire during the school session and physical education classes as designated by the school administration
- To not participate in those acts which fall outside the framework of freedom of expression including teasing, even if meant in a joking manner, name calling, demeaning acts, gossiping, making false accusations, threatening, use of profanity, participating in fights and blackmailing
- To arrive at school on time and to attend classes; those who cut classes or who come to class late must abide by the rules concerning class attendance
- When called upon, to participate in all activities, ceremonies, and competitions organized either by the school or the state within and outside of school hours
- To use the school premises and its furnishings in the way they were intended without causing damage and to replace any damaged property in a timely fashion
- To not take any item belonging to another student, teacher or school personnel without permission and if permission is given, to not damage that item. If damaged, to have it replaced as soon as possible
- To not carry, consume or supply any tobacco, alcoholic, narcotic or any habit-inducing controlled substances within the school, its environs and all school activities outside the school
- To not carry, use or supply any type of gun, knife, weapon or any device which makes another individual feel at risk within the school, its environs and all school activities outside the school
- To not bring to school any illegal audio, visual or print publications that do not conform to moral standards and to not share these with other students, teachers or school personnel via communication tools such as the internet or telephones
- To comply with rules within the cafeteria and dining hall and to keep these facilities clean
- To refrain from any speech, behavior or attitude that can negatively affect the class environment, to have materials required for class ready and to provide them when requested by the teacher, to come prepared for class as required, to do any homework and provide it when requested.

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B. PARENT/GUARDIAN'S RESPONSIBILITIES

Each parent/guardian who has a currently enrolled student has the following responsibilities:

- To provide complete contact information and to notify the school of any changes to guarantee open communication
- To carefully read and sign the school discipline guidelines, student/parent handbooks and school agreement and abide by all the specifications
- To make payments to the school during the registration process for the corresponding school year in a timely and complete manner per the payment schedule provided to the parent by the school.
- To make payments to the school during the registration process for the corresponding school year in a timely and complete manner per the payment schedule provided to the parent by the school.
- To read, evaluate and reply to, when necessary, all mail and electronic mail sent by the school administration, its teachers and personnel
- To regularly check the school's web site and the school information system (COOLSIS) containing the student's academic, discipline and attendance record and to contact the school, when necessary, to properly direct the student per the decisions made in conjunction with the school
- To complete and return in a timely manner any surveys and forms sent for informational purposes
- To observe any physical, mental and behavioral changes in the student and to notify the school in a timely manner and take necessary precautions because of these changes
- To provide the student with the resources required for homework, projects and apprenticeship obligations assigned by the school
- To provide the necessary funds for any voluntary activities and services intended for students or parents/guardian by the school
- To attend parent/guardian meetings organized by the school administration during the course of the year, or to arrange personal meetings due to special considerations and to inform the administration of any last-minute changes
- To make payments to the school during the registration process for the corresponding school year in a timely and complete manner per the payment schedule provided to the parent by the school.
- To make sure the student has regular check-ups, to provide any necessary treatment in a timely manner, to obtain any medications and do what's necessary for treatment and follow-up, and to keep the school administration informed of the student's health progress in a timely manner
- To obtain the airline ticket(s) to/from the U.S. for the student, confirming with the school administration and in accordance with the framework of the academic calendar.
- To ensure all homework, projects and apprenticeship obligations assigned by the school for academic purposes are completed.

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C. SCHOOL'S RESPONSIBILITIES

The school administration, its teachers and staff attest to the students, parents/guardians:

- To provide services without regard to religion, language, race, or sect, in a just and respectful manner
- To provide an educational environment that is clean, healthy and secure
- To provide suitable conditions and requirements for academic and social foundation
- To make announcements about the required rules, regulations and programs in the school
- To provide transportation between the school and the airport to international students on the days and times specified on the academic calendar
- To follow and implement new developments in education and to inform the respective parties of these implementations
- Within the school, to create a culture of individuals who share universal values
- To provide an environment that prohibits violent behavior both in the school and its environs.

I have read the above agreement, comprised of three sections and of which I am a party as relates to my rights and responsibilities. I accept the responsibilities which I am expected to adhere to as stated in the agreement. In this framework, regarding the school regulations as specified in the student-parent handbooks and this agreement, I commit to abide by the responsibilities as well as any obligations resulting from non-conformance.

Date (MM/DD/YYYY) :_____/_____/ _____

Student Name: _____ Signature _____

Parent/Guardian Name: _____ Signature _____

Principal: _____ Signature _____

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AUTHORIZATION FOR EMERGENCY MEDICAL OR SURGICAL TREATMENT

Student's FULL Name:		Date:	
Student's Grade:		Date of birth (MM/DD/YY):	
Mother's Name:		Father's Name:	
Parents' Address:			
Father's Address: (if different)			
Parents' Home Phone(s):		Father/Mother (if different)	
Mother's Cell Phone:		Father's Cell Phone:	
Mother's Business Phone:		Father's Business Phone:	
Doctor's Name:		Doctor's Phone:	
Address:		Doctor's Fax:	
Dentist's Name:		Dentist's Phone:	
Date of Last Tetanus:			
Allergies: (including those to medications)			
Medical Conditions:			
Current Medications:			
Emergency Contact Other than Parents, Name and Relation:			
Phone (1):		Phone (2):	

Authorization is hereby given to Iqra Math and Science Academy to act in the place of the parents/guardians of:

_____(Please print name of student)

Should any emergency medical or surgical treatment or hospitalization be required during the school year or within the years the student is enrolled at the school,
It is understood that the school and hospital authorities will make a bona fide effort to contact parents and the family physician (pediatrician) before acting on this authorization.

Authorization to Treating Physicians/Hospitals/Hospital Personal for Emergency Medical or Surgical Treatment
Authorization is hereby given to the physician(s), dentist(s), hospital or hospital personnel selected by Iqra Math and Science Academy to hospitalize or determine proper treatment for, and to order medication, anesthesia, or surgery for:

_____(Please print name of student)

Signed (Parent/Guardian):_____ Date (MM/DD/YYYY):_____/_____/ _____

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IMMUNIZATION CHART

IMMUNIZATION CHART						
Student Information:						
First Name:				Date of Birth (MM/DD/YYYY)		
Last Name:						
Father's Name:						
Mother's Name:						
VACCINATIONS		**VACCINATION DATE**				
		1st VACCINATION	2nd VACCINATION	3rd VACCINATION	4th VACCINATION	5th VACCINATION
1	DTP					
2	DTP/Hib					
3	DTaP					
4	DT/Td					
5	OPV					
6	IPV					
7	MMR					
8	Measles					
9	Mumps					
10	Rubella					
11	HIB					
12	Hepatitis A					
13	Hepatitis B					
14	Varicella					
15	Tdap					
16	PCV					
Official Use Only (Doctors Office or Health Agency)						
Name:				Signature &		
Date: (MM/DD/YY)_____/_____/ _____						

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PERMISSION FOR PROVISION OF NON-PRESCRIPTION DRUGS FOR MINOR AILMENT

Student's Name: _____

Date of Birth (MM/DD/YYYY) : _____/_____/ _____

My child should NOT have the following;

☐	Tylenol	for fever/pain/muscular aches
☐	Advil	for pain/muscular aches/cramps
☐	Pepto-Bismol	for upset stomach/diarrhea
☐	Benadryl	for allergy symptoms/allergic reaction
☐	Cough syrup	for cough
☐	Throat lozenges	for sore throat

- All medications must be checked by health services.
- Are any prescription or non-prescription medications, or herbal supplements being used? If yes, please explain.

_____

ALLERGIES:

☐ Drugs (list)_____

☐ Foods (list) _____

☐ Other (list) _____

Parent/Guardian's Name: _____

Signature:_____Date (MM/DD/YYYY):_____/_____/ _____

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PHYSICAL EDUCATION AND HEALTH CLASSES
MEDICAL CLEARANCE FORM

Student's Name:_____ Grade: _____

Date of Birth (MM/DD/YYYY) :_____/_____/ _____

Injury/Illness/Allergies: _____

- ☐ Asthma
- ☐ Diabetes (*Special food need to be cooked*)
- ☐ Kidney Injuries
- ☐ Seizure Disorder
- ☐ Heart Conditions
- ☐ Other Medical Condition

REQUIRED MEDICATIONS/TREATMENTS:

_____

Physician's Recommendation:

- ☐ Unlimited participation in a supervised exercise program
- ☐ Limited participation in a supervised exercise program
- ☐ Not allowed to participate in an exercise program

*One of the above **MUST** be checked.

Please specify limitations recommended and activities NOT allowed:

_____

_____

Physician's Name:_____Signature & Stamp: _____

Date of Office Visit:_____ /_____/ _____

Address: _____

City:_____State:_____Postal Code: _____

Telephone No: (_____)_____ Fax No: (_____) _____

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PARENT/GUARDIAN AUTHORIZATION & CONSENT FORM

We affirm that the minor indicated herein is our child,_____, and that we have legal custody of him. We give our full authorization and consent for our child to live at the school facility and school administrators to arrange a place of residence for my child. He is a minor student; hence he will be under the supervision of Iqra Math and Science Academy (hereinafter called "school")

We give the school administrators permission to act on behalf of us in making decisions pertaining to our child's education, including permission to participate in co-curricular activities, and consent for medical treatment by the School nurse or neighboring medical institutions.

We understand that participation in co-curricular and other school activities involves risks, injuries, hazards, accidents and dangers, including, but not limited to, risks of travel by ground transportation and all other types of transportation. We understand that the school will be diligent in supervision and planning but understand risks still exist. We acknowledge that these risks, injuries, hazards, accidents and dangers may impact our child's health and personal safety, including loss of property, personal injury or death and that the school cannot and does not assume responsibility for any such personal injuries or property damages.

We hereby authorize the School to seek medical treatment, and we assume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expenses of and for our child resulting from such participation. We further release the School from any liability for any such actions.

We remain financially responsible for tuition and other school fees and all personal expenses of our child such as travelling expenses, living expenses, immunizations, medical treatments provided to the minor, and we will promptly pay any invoice for the cost of such care.

We hereby agree to indemnify, defend and hold harmless the School and its Board of Trustees, employees, officers, directors, agents, successors and assigns from any and all liability, loss, damage or expense, including attorney fees which arise out of, occur during, or are in any way connected with our child's participation in all co-curricular and other school activities, any related or independent travel, any activities or field trips, irrespective of whether they are sponsored, supervised or controlled by the School.

We agree that this form is to be construed and governed under the laws of the State of Alabama, U.S.A. without reference to its choice of law rules.

OUR SIGNATURE INDICATES THAT WE HAVE READ AND UNDERSTOOD THIS FORM AND THAT WE AGREE TO EVERYTHING STATED IN IT. FURTHER, NO REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS, ORAL OR WRITTEN, APART FROM THE FOREGOING WRITTEN STATEMENT, HAVE BEEN MADE.

Date (MM/DD/YYYY): / /

☐ I can read and understand English, and have read and understood each and every instruction on this form.

☐ The interpreter has read and explained to me and I have understood every instruction on this form.

Father/ Legal Guardian Name: _____ Signature _____

Mother / Legal Guardian Name: _____ Signature _____

Name of the Interpreter: _____ Signature _____

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AFFIDAVIT OF FINANCIAL SUPPORT

All F-1 students are required to provide documentation of financial support before an I-20 form can be issued.

If the student will be supported by a private sponsor (family member, friend, or private institution), the sponsor must sign the Statement of Financial Obligation below. In addition, sponsors MUST PROVIDE AN OFFICIAL BANK STATEMENT showing the availability of funds in liquid assets for at least the Tuition Fee, Boarding Fee and the Health Insurance Fee for a Boarding Student OR Tuition Fee and the Health Insurance Fee for a Day/Non-Boarding Student. Bank statements and financial affidavits **cannot** be older than 6 months at the time of the application.

School Fees:

	International Fees (Boarding students)	International Fees (Non-Boarding students)
Application Fee	**$ 250**	**$ 250**
Registration Fee	**$ 750**	**$ 750**
Tuition Fee	**$ 10,000**	**$ 10,000**
Boarding Fee*	**$ 11,000**	**-----**
Health Insurance**	**$ 500**	**$500**
TOTAL:	**$23,000**	**$11,500**

STATEMENT OF FINANCIAL OBLIGATION	
Students requiring an I-20 must complete this Statement of Financial Obligation and provide all appropriate documentation of financial support. If the student will be supported by funds other than his/her personal funds, the sponsor must sign below. If more than one sponsor will provide financial support, each sponsor must provide a separate letter declaring intent to sponsor. In addition, each sponsor must provide an official bank statement showing the availability of the necessary funds (please see Estimated Student Expenses above).	
Student's name:	
Sponsor's name:	Relation to student:
Sponsor's address:	
Sponsor's phone and e-mail: /	
Sponsor's signature:	Date: _____ (MM/DD/YYYY)

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I-20 INFORMATION FORM

All applicants holding or requiring F-1 immigration status are required to complete the following before a form of I-20 can be issued. In addition, appropriate documentation of financial support (see Additional Registration Documents) will be required prior to issuance of an I-20.	
U.S. Social Security Number (if available):	
Full Name as it appears on Passport:	
Date of Birth (MM/DD/YYYY):	
Country of Birth:	
Country of Citizenship:	
If you are currently in the United States, what type of visa do you hold? (F1, F2, B1, B2, H2, H3, etc.)	
Permanent Address in your HOME COUNTRY: Please print clearly with <u>CAPITAL LETTERS</u>	
Street Address:	
City:	
Province or State:	
Postal Code:	
Country:	
Will you be transferring to IMSA from another school in the US?	Yes No
If you answered YES, please provide the following information:	
Name of School:	
City and State of School:	
Month and Year you ended, or plan to end your enrollment at that school:	
Please have your current International Student Advisor or appropriate Designated School Official enter your "transfer out" date and information in SEVIS. If you are not currently enrolled, contact the International Student Advisor or appropriate Designated School Official from the school under whose I-20 you are currently holding or last held.	

Your I-20 cannot be issued until we have received this completed form and all required documentation of financial support. If you are transferring from a school in the US, that school must also enter your transfer data in SEVIS.

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SCHOOL FEE SPECIFICATIONS FOR INTERNATIONAL STUDENTS, NEW REGISTRATIONS AND RENEWALS

- Registration fee is required for initial enrolment only.
- Upon successful registration, to process or ensure the validity of the student's mandatory I-20 form, tuition must either be paid in advance or all the prior/upcoming installments must be paid by the prescribed date.
- Reenrollment will not be validated for those students who have an outstanding balance from the previous year.
- Conditions for tuition discounts:
  - **Advance payment discount: 5%**
    - This rate is valid during the early registration period as notified by the school when paid in one lump sum.

- **Specified fees include the following services: (Boarding students)**
  - School tuition
  - Three meals per day
  - Housing
  - Books
  - Activities (Clubs, Winter & Summer Camps, Field trips)

- **Specified fees do not include the following:**
  - Passport and visa fees
  - Overseas stamp fees and airfare
  - School uniform and gym attire
  - Domestic trips offered throughout the year
  - Test fees (TOEFL, IELTS, SAT, ACT, AP) and test preparation books.

- **Refund Terms and Conditions:**
  - If student is unable to secure a U.S. Visa, all money paid, less $1,250, will be refunded, out of $1,500.
  - In the case of notification of cancellation for student registration:
    - For cancellations made prior to school opening, two thirds of all fees paid will be refunded.
    - For cancellations made by October 1st, one half of all fees paid will be refunded.
    - For cancellations made between the first day of winter break and the end of the second semester, no refunds will be allowed, and all fees must be paid in their entirety.
    - Student file and I-20 form transfer requests will not be honored until student's account balances are cleared.

- **Health Insurance:**
  - Obligatory on an annual basis for all students studying in the U.S. with a visa.
  - All health expenses are covered at 90%, 10% being paid by the student except for pre-existing conditions and dental work.

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BANK INFORMATION

For wired transfer;

Account Name: Anniston Islamic Center / IMSA International Tuition
Address: 1821 McCall Dr Anniston AL 36207 USA
Bank Name: Regions Bank
Account No: 0156039395
Routing No: 062005690
Swift Code: UPNBUS44

For Western Union transfer:

Beneficiary's Name: Iqra Math and Science Academy
Beneficiary's Address: 1821 McCall Dr Anniston AL 36207 USA

SCHOOL FEE DETAILS:

International Students:

	International Boarding Fees:	International (Visa) Day/Non-Boarding Fees:
Application Fee	$ 250	$ 250
Registration Fee	$ 750	$ 750
Tuition Fee	$ 10,000	$ 10,000
Boarding Fee*	$ 11,000	[redacted]
Health Insurance**	$ 500	$500
TOTAL:	$23,000	$11,500

*** Boarding fee may vary depending on the housing market and living expenses.**
**** Health Insurance must be paid with registration fee and is subject to change.**

PAYMENT SCHEDULE:

	Installment Date	Installment Amount (Boarding)	Installment Amount (Non-Boarding)
1	Application Fee + Registration + Health Insurance	$1,500	$1,500
2	Within 3 weeks after school issues I-20	$10,750	$5,000
3	By December 31st	$10,750	$5,000

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1821 McCall Dr Anniston AL 36207 USA

PAYMENT COMMITMENT LETTER

On behalf of the student registering for your school I accept the payment obligations, details as specified above, as my own, and commit to make the payments on a timely basis as well as any obligations arising from non-conformance.

If the parties are unable to reach a mutually satisfactory outcome, I hereby authorize that this agreement shall be governed by the laws of the State of Alabama, USA.

Date (MM/DD/YYYY): _____ / _____/ _____

Student Name : _____

Parent/Legal Guardian Name: Signature

_____ _____