



New Student Check List	✓ / X
1. Application	
2. Receipt for Application Fee	
3. Receipt for Registration Fee	
4. Receipt for Deposit	
5. Record Release	
6. Previous Report Card/Transcript	
7. Immunization Records	
8. Birth Certificate	
9. Tuition Agreement	
10. Tuition Plan	
11. Receipt of Parent/Student Handbook	
12. Photo/Video Release	
13. Medical Form if applicable	
14. Known Allergies:	



Student Record Release Form

Please complete the form below and submit it to your child's current school. No admission decision can be made until Universal Muslim Academy has received the records.

Name of Student: _____
First Middle Last

Home Address: _____
Street City State Zip

School Currently Attending: _____

Principal / Head of School: _____

School Address: _____
Street City State Zip

School Phone Number: _____ School Office E-mail: _____

Authorization Signature: _____

I hereby authorize _____ to release the
Name of Current School
Information specified below to Universal Muslim Academy.

- ✓ Scholastic Record - Copy (Please include most recent grading period)
- ✓ IEP or 504 Plan with ETR
- ✓ Standardized test data - Copy
- ✓ Health Record and Immunization Data - Copy
- ✓ Discipline & Psychological Records - Copy

Parent / Guardian Signature: _____ Date: _____

To School Administrator:

We appreciate your help and assistance. You may Fax, Scan/Upload or Seal/Mail these records. Please retain this form in the student file for final transcript release if requested at a later date. If you have questions or concerns, please direct them to the UMA Office of Admission by calling (513)421-0700.

OFFICE OF ADMISSION

Universal Muslim Academy ~ 2232 Stratford Ave, Cincinnati OH, 45219
Fax: (513) 793-6072 Admin@cincy-uma.com



Parent/Guardian Medication Consent Form

Please complete this form and return along with medication(s) to the school office.

Full name of child to be medicated _____

Name of drug and dosage _____

Hour(s) medication to be given _____

Number of days to be taken _____

Name of physician prescribing medication _____

Physician's phone number _____

Reason for medication _____

I hereby give permission to the Health Room/Office Personnel to give the medication(s) to my child according to the directions stated above and further authorize them to contact the child's physician. I agree to hold the School, its employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of this medication at school.

I agree to notify the school, in writing, at the termination of this request or when any change in the above order is necessary.

Signature of Parent/Legal Guardian Date

Address

Home Phone Work Phone



To Be Filled Out By Physician

To _____
Individual(s) Administrating Medication

Please administer the following medication(s) to:

Name of Student _____ Address _____

Telephone Number _____ UMA Grade _____ Diagnosis _____

Physician Medication Orders: **DAILY MEDICATIONS**

Medicine	Route	Dose	Frequency	Duration	Direct contact shall be made with me should the student receiving the medication develop any of the following conditions or reactions to the medication (if none, so state)
				From: To:	
				From: To:	
				From: To:	

PRN MEDICATIONS (AS IS NEEDED)

Medicine	Route	Dose	Frequency	Duration	Condition under which medication should be given	Direct contact shall be made with me should the student receiving the medication develop any of the following conditions or reactions to the medication (if none, so state)
				From: To:		
				From: To:		
				From: To:		

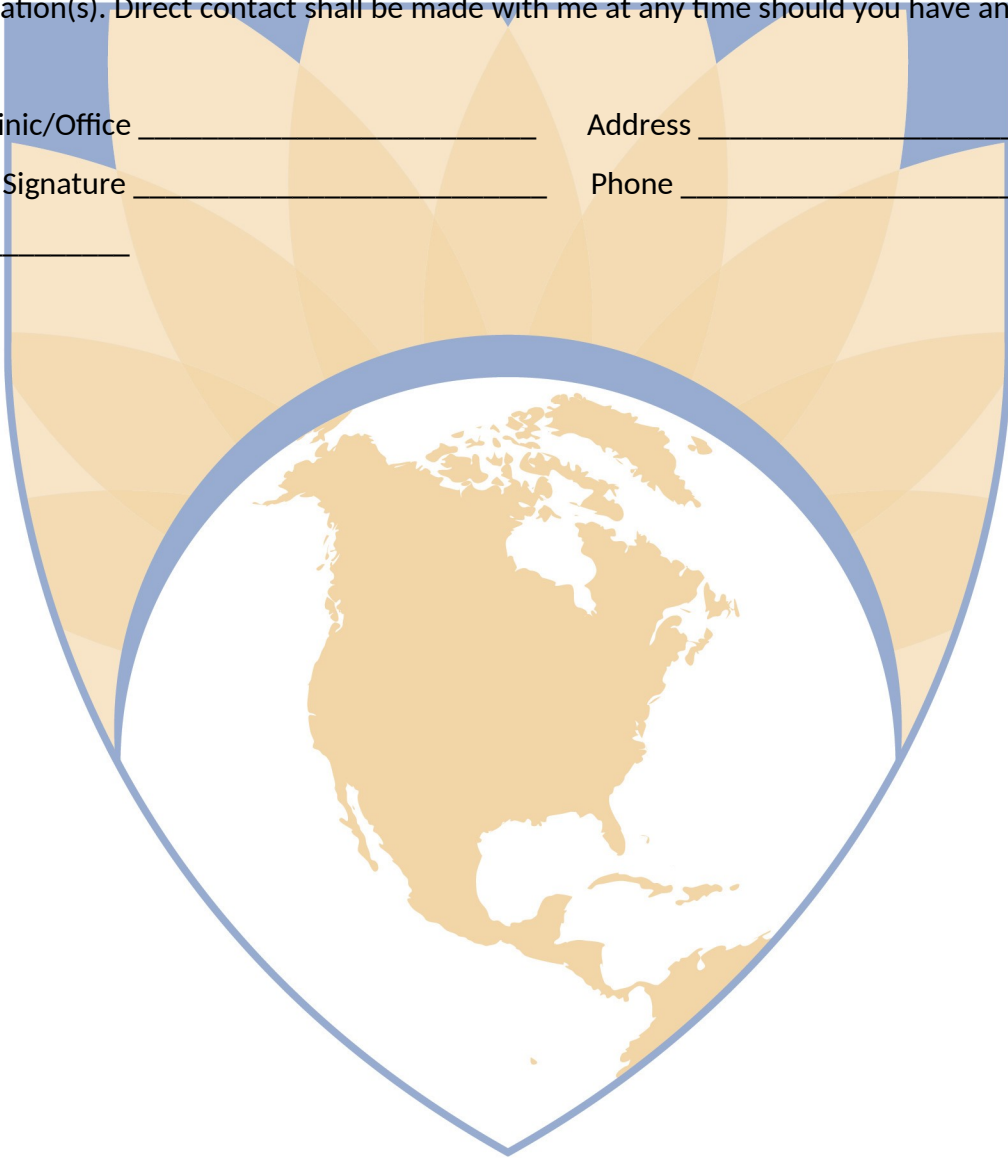


The information on this form constitutes my physician medication orders for the subject student. I agree to retain the power to direct, supervise, decide, inspect and oversee the administration of such medication(s). Direct contact shall be made with me at any time should you have any questions.

Hospital/Clinic/Office _____ Address _____

Physician's Signature _____ Phone _____

Date _____





Financial Aid Application for the Academic Year 20__-20__

Rules for Financial Aid Applications:

1. Deadline for financial aid is May 30, as decisions are made before the academic year starts. A completed application and all requested documentation must be in by that date to be considered for financial assistance.
2. Only written approval by the UMA Administration constitutes a commitment on the part of the school.
3. Financial aid is granted for one academic year only. Students may reapply every year.
4. The parent(s) may be asked to come in for an in-person interview with the UMA Administrators.
5. Please attach your child's academic and (any) discipline records for evaluation by the School. A student receiving any academic scholarship must have a GPA of at least 3.0 and in good behavior standing.
6. Any incomplete application will not be considered. Income/Need based financial assistance applications must include all requested financial documentation to be considered.
7. Failure by the student and/or family to adhere to the conditions of the awarded assistance will result termination of aid and family will be responsible for paying the balance due of the tuition
8. Income eligibility guidelines <http://www.state.nj.us/agriculture/divisions/fn/pdf/form127.pdf>



Name of Father: _____ Occupation: _____

Name of Mother: _____ Occupation: _____

Address: _____

Phone: Home () _____ Work: () _____ Cell: () _____

Name of student (applying for financial aid) UMA	Grade	Years at
_____	_____	_____

Individual applications must be filled out for each student in the family requesting assistance.

Type of assistance applying for:

() Income based financial aid

() Academic based financial aid

Please provide all the information requested below regardless of type of assistance requested:

1. Total family income for the last 12 months? _____

(Please attach last 2 years' W-2's and filed tax returns, and 2 recent paystubs or two month's income)

2. Cash Income last year: \$ _____ Source of Income: _____

3. Number of dependents (from the filed tax forms) _____

4. Amount of Monthly () Rent \$ _____ () Mortgage \$ _____

5. Did you previously receive financial aid from UMA? () Yes () No

If yes, for which years? _____ For how many children? _____

6. Do you have any debt or other financial responsibility, which affects your ability to pay tuition?

7. Do you receive any kind of public aid?

() Food stamps () Medicaid () Cash Assistance () Other _____



Giving Something Back:

All families receiving income based financial aid are required to volunteer at least 8 hours per month for every percent off in financial assistance. Each job listing has a job description and includes a set number of hours and tasks.

What volunteer work can you available and interested in doing for the school (check all appropriate boxes)?

- Lunch/Recess Aid Classroom Aid Office Aid
- Clubs/Sports Art/Music/PE Cleaning
- First Aid/Nursing Library Aid Other _____

Family Contribution

How much can you consistently contribute towards tuition monthly?

Parents' Agreement and Signatures:

I hereby declare that all the information provided is true and I consent and authorize UMA or its representative to examine and verify all information provided in this application including earnings of any kind. I also understand that if needed, I may be called for a personal interview. This verification will be used only for the purpose of evaluating this application. I further understand that I am responsible for tuition in full. Financial assistance does not remove my responsibility for tuition.

Date: _____ Parent(s) Name (s): _____

Signature(s): _____



SCHOOL Finance Team's Decision:

Rejected
 Approved : Full Scholarship _____
 Partial Scholarship _____
 Discount _____ % or amount \$ _____
 Finance Team Signatures: _____

 Date: _____
 Comments: _____

Net Tuition Calculation(s) for the Applicant Students: (For Office Use Only)

Applicant Children GPA: _____
 Gross Tuition Amounts: \$ _____
 Sibling Discount (_____)
 Fees (Membership, Activities, and PSG): \$ _____
 Total Tuition for the family (before Financial Aid) \$ _____

 Family Contribution: \$ _____
 Total family cost for additional children enrolled: \$ _____

Amount of Financial Aid Awarded \$ _____
Net Tuition Due: \$ _____

Type of Award given _____

Comments and Considerations



Universal Muslim Academy
2232 Stratford Ave, Floor 3, Cincinnati OH, 45219

Photography & Video Consent and Authorization

Please check one:

Consent is hereby given to the Universal Muslim Academy for the use and edit of any still or electronic image and/or video or audio recording, in which I or my child may appear. I understand that these materials may be used to support recruitment, fund-raising, and other communication efforts. Release is hereby given to the staff and/or volunteers from any liability connected with the use of my or my child's picture or voice recording as part of any of the above or similar activities. Neither I, nor anyone claiming to be speaking on my behalf, will later object to the Universal Muslim Academy's use of this or these images or recordings.

I have read the above and do not give my consent and authorization.

Signature of Adult or Parent/Legal Guardian

Date

Print Adult or Parent/Legal Guardian Name

Phone

Address

City

State

Zip

Preferred Email address(s)



Citizenship Rules at Universal Muslim Academy

What does it mean to be a Muslim citizen at UMA?

Following rules and laws, being responsible, respectful and helpful to others.

- **Good Muslims always say “Salam” first.**
- **Good citizens are helpful to their families, friends and communities.**
- **They respect their parents, teachers and those in authority.**
- **They tell the truth and are honest with their parents, teachers, and friends.**
- **They are caring, kind and compassionate.**
- **They take responsibility for their actions and accept their mistakes.**
- **UMA students always say “please”, “thank you” and “sorry.”**

The Pillars of: Respect, Caring, Truthfulness, Integrity, and Charity.