



Teaching our Children to
Live, Love, and Learn through Islamic Values

7201 W. McNab Rd.
Tamarac, FL 33321
Ph: 954-722-1555
www.alazharschool.net

2024-2025 Annual Tuition and Fees Schedule

Preschool (PK2 – PK4)

Grade Levels	Tuition	*Resource / STEM	Uniforms
PK2 - PK3	\$7,500	\$500	\$100
PK4 (without VPK Certificate)	\$8,100	\$500	\$100
VPK ONLY	FREE		\$100
VPK (Full day)	\$4,500	\$500	\$100

*Resource Fees includes: Media, Supplies, Testing and Technology.

Elementary & Middle School

Grade level	Tuition	Books	*Resource/STEM	Registration	Uniforms
K-5 th	\$8,500	\$400	\$800	\$300	\$300
6 th – 8 th	\$8,200	\$400	\$800	\$300	\$300

*Resource Fees includes: MAP, Planner, Media, Supplies, Testing, Technology, iPads and Field Trips.

Graduation / Cap & Gown	
VPK, PK4, 5th, & 8th	\$80

Optional Fees for Preschool - 8th Grade

PTO Lunch	Friday Pizza	**Extra Curricular
\$500	\$180	\$400

**Extra Curricular includes: Club Fees, After School Programs, Etc...

Uniforms

Grade Level	Polo	Polo Girls	P.E Boys	P.E Girls	Jumpers & Skirts	Jackets	Hijab
Preschool	\$15	NA	NA	NA	NA	NA	NA
K- 5 th	\$18	NA	\$15	\$15	\$35 Jumpers	\$35	NA
6 th – 8 th	\$18	\$20	\$15	\$18	\$35 Skirts	\$35	\$10

State Scholarship Program:

Alazhar School accepts Step Up for Students and AAA Scholarships. Please visit the respective web addresses for more information.

Tuition and Fees:

We utilize Quickbooks Accounting System as our tuition management system. All families must set up an account with the office. A completed Bank Authorization Form must be submitted in order to confirm your child's registration.

Prek2 – Prek4

Initial _____

Preschool tuition is divided over 5 bimonthly payments. The first payment is due upon registration in order to confirm your child's seat for the upcoming school year.

Please be advised that payments are nonrefundable after June 1st.

KG – 8th Grades

Initial _____

Kindergarten – Eighth grade tuition divided over 4 payments / school year.

Payments will be withdrawn every other month starting August 10th of every school year.

Initial _____

I Understand that no credit is applied to tuition fees for absences or holidays and non-attendance. Partial attendance does not relieve a parent or guardian of the financial obligation for their child/ren's enrollment. For families receiving SUFS Scholarship, the parent or guardian is responsible for any balance not paid by SUFS due to excessive absence (5 or more consecutive absences).

Penalty Fees:

I acknowledge that the following penalties shall apply for late payment, late pick-up, or return payments.

1. \$30.00 Penalty for declined payments.
2. Dismissal time is from 2:45 pm – 3:00 pm for grades Preschool -8th grade. Any student not picked up by 3:15 pm will be sent to after care and a charge of \$10.00/child will be applicable.
3. VPK Late fees, a charge of \$1.00 per minute will be charged for late pick up for the first ten minutes.
4. After ten minutes, the parent will pay the daily wrap around fee for the day, which is \$24.00.

Initial _____

Financial Aid:

It is the desire of Alazhar School to keep tuition as affordable as possible while strictly maintaining the quality of our programs. In an attempt to help families with tuition costs, we offer financial assistance opportunities for qualified families.

Please contact the front office for more information.

I understand the content of this Enrollment, Acknowledgement and Consent form.

Parent Signature: _____ Name: _____ Date _____

Tuition and /or Fees may change after annual budgeting. Edited 12/27/2023



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Enrollment Application

Application Date	/ /	School Year:	<input type="checkbox"/> Male <input type="checkbox"/> Female
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<input type="checkbox"/> Pre-K 3	<input type="checkbox"/> Pre-K 4	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> First Grade	<input type="checkbox"/> Second Grade	<input type="checkbox"/> Third Grade
<input type="checkbox"/> Fourth Grade	<input type="checkbox"/> Fifth Grade	<input type="checkbox"/> Sixth Grade	<input type="checkbox"/> Seventh Grade	<input type="checkbox"/> Eighth Grade	

Student	Student Name	Last	First	Middle Initial	
	Primary Language	Other Language(s):			
	Date of Birth	Month	Day	Year	
	Place of Birth	Citizenship:			
	Ethnicity	<input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> African-American <input type="checkbox"/> Mixed Race <input type="checkbox"/> Asian <input type="checkbox"/> Other (Please Specify):			
	Social Security #	This information to be used during administration of the Stanford Achievement Test (SAT)			

Academic History	Present/Last School		City/State:		
	<input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Parochial				
	Year(s) of Attendance:	Grade(s) Completed:	Promoted to:		
	Other Schools Attended: <small>In the past 3 years</small>				
	Please complete the following questionnaire:				
	Has the student ever attended a full time Islamic School before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Has the student ever experienced any disciplinary issues, including suspension, at school? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, explain briefly: _____				
Has the student ever been retained? Or experienced academic difficulties in school? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, explain briefly: _____					
Has the student ever been referred for special services? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, explain briefly: _____					
Was the student enrolled in an ESOL Program? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Medical	Please check any of the following medical concerns that your child may experience:			
	<input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Condition <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Vision			
	<input type="checkbox"/> Other: Please specify: _____			
	Allergy: _____			
	Prescribed Medication: _____			
*If necessary to provide medication during school hours, the Authorization to Administer Medication During School Hours Form must be completed and submitted to the Alazhar School Office				
Any other Medical Concerns: _____				
Primary Physician:			Phone Number:	

Family Parent/Guardian	Father's Name:	Last	First	Middle	
	Address:	Street	City	State/Zip	
	Home Phone:	Cell Phone:			
	Work Phone:	Email:			
	Place of Birth:	Citizenship:			
	Primary Language:	Other Language (s):			
	Education Background:				
	Occupation:	Employer/Business:			
	Mother's Name:	Last	First	Middle	
	Address:	Street	City	State/Zip	
	Home Phone:	Cell Phone:			
	Work Phone:	Email:			
	Place of Birth:	Citizenship:			
	Primary Language:	Other Language (s):			
	Education Background:				
	Occupation:	Employer/Business:			
	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single				
	Siblings:				
		Sibling Name	Date of Birth	Current School	Current Grade

Primary Emergency Contact	Name	Home Phone		Cell Phone	
	Relationship to Student	Work Phone		Email	

Other	Please use the space provided to provide any other information that may be helpful to Alazhar School during the admissions process:

Signature	I affirm that, to the best of my knowledge, all statements made herein are true and complete. I understand that any admission into Alazhar School is contingent upon accurately completing this application and receiving the required supporting records and transcripts.
	A non-refundable application fee of \$ 300.00 must accompany this application. Placement testing is required for all new students. Admission is based on previous conduct, teacher recommendation, academic records, testing, personal interview, and space availability. Please check the Admission Procedure for details on the admission process.
	Nondiscriminatory Statement: Alazhar School does not discriminate on the basis of race, color, religion, national or ethnic origin, or sectarian affiliation in the administration of its educational policies, admission policies or decisions, scholarship programs and other administered program.
	Signature of Parent/Guardian: _____ Date Signed: _____

For Official use ONLY:	
Date Received:	
Application Fee Received	/ \$300
Placement Test Completed	Scores:



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Parent/Guardian Enrollment, Acknowledgment & Consent

KG – 8th Grade:

I, _____, hereby enroll my (son/daughter), _____,
Name of Parent/Guardian Name of Child
 as a _____ student of Alazhar School for the school year beginning August _____ and
Grade Year
 ending in June _____.
Year

Enrollment Status: Full Time _____ Part Time _____

Please read and initial the following:

Academic/Educational

_____ **Home Language Survey (HLS)**

Initial

The following survey questions are designed to provide each student with high quality educational and/or supplemental services.

1. Is a language other than English used in the home? Yes No
 If yes, language used _____
2. Did the student have a first language other than English? Yes No
3. Does the student most frequently speak a language other than English? If yes, language used: _____ Yes No

_____ **Academic/Behavioral Documentation**

Initial

I have provided Alazhar School with all relevant academic and behavioral documentation included but not limited to the following: academic transcript including report cards and standardized test scores, Individualized Education Plan (IEP), Psycho-educational Evaluation Reports, Behavior Plans, Counseling Progress notes, etc.

_____ **Student Handbook**

Initial

I have accessed a copy of the Alazhar School Student Handbook and have reviewed the policies outlined therein. I have discussed these policies with my child, and have agreed to promote the enforcement of these policies while my child attends Alazhar School.

Health/Medical

_____ **Health Insurance**

Initial

I have provided Alazhar School with the following information:

Insurance Company providing coverage to the child: _____

Policy Number: _____ Expiration Date: _____ / _____ / _____



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Medical Release

Initial I understand that it is my responsibility to make sure my child is immunized and all necessary and current medical documentation is provided to Alazhar School. I am aware of public policy which outlines that students who do not have the appropriate medical and immunization records on file will not be permitted to attend school. I also understand that NO internal medication, orally or otherwise, will be administered by any school personnel without written consent of parents and physician. All medications must be turned into the Alazhar School office, sealed and with a prescription label, along with the completion of the Authorization to Administer Medication during School Hours Form, and may only be for medical concerns such as Asthma, Allergies, and/or Diabetes. In case of serious illness/injury, Alazhar School will contact parents, as well as emergency contacts, physicians, and/or 911 for medical treatment.

Emergency Treatment

Initial In the event of an emergency situation, at which time I cannot be reached, I hereby authorize Alazhar School to transport my child, if necessary by ambulance, to the nearest hospital.

Releases and Waivers

Media Release

Initial I hereby give permission to Alazhar School to make audio/visual recordings or photographs of my child and to use these finished materials for the educational purposes and/or to promote the positive aspects of Alazhar School through communication media such as newspapers and television. I further realize that all such uses and distribution by the members of Alazhar School shall be within their sole discretion. This notice shall be kept on the student file while he/she is attending Alazhar School.

- YES**, I will allow my child to be photographed, video-taped, audio-taped for the purposes explained above.
- NO**, I will *NOT* allow my child to be photographed, video-taped, audio-taped for the purposes explained above.

Liability Release

Initial I, the undersigned parent and/or legal guardian of the aforementioned student, release Alazhar School, their respective agents, officers, employees and volunteers from any liability, including injuries or illness, which may result from my child's enrollment in Alazhar School and waive any claims thereto.

I understand the content of this Enrollment, Acknowledgement & Consent and sign this document freely and voluntarily without any pressure or undue influence.

Parent/Guardian Name Parent/Guardian Signature Date

Administrative Staff Member Name Administrative Staff Member Signature Date



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AUTHORIZATION FOR RELEASE AND/OR REQUEST FOR INFORMATION

I hereby request and authorize Alazhar School, located at 7201 W. McNab Road, Tamarac, Florida 33321, 954-722-1555, to engage in verbal and/or written communication with and release records from: _____

Previous school child attended

Street Address	City	State	Zip	Telephone	Fax
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Student Name: _____ Student ID# _____ (if applicable),

Date of birth is ____ / ____ / ____ . I understand that information concerning psychiatric, psychological, medical diagnosis, drug or alcohol abuse and educational information regarding my child may be released and/or communicated. I further understand that this information might contain information regarding my family, in addition to my child.

School/Education Records – Including but not limited to previous report cards, standardized test scores, Rtl data, etc.

Exceptional Student Education/Section 504 Records

Health/Medical Records

Social/Developmental History

Psychological and/or Psychiatric Evaluations

Court Related documents

Other _____

Other _____

AUTHORIZATION:

I hereby consent and hold the school harmless for the release and/or receipt of my child's records by an educational institution or law enforcement agency. I also release and hold the school harmless from any liability stemming from the use, disclosure or release of my child's records or information.

Print Name of Parent or Legal Guardian

Signature of Legal Guardian

Date

Please send the requested records to the address listed above.

Attn: Admissions Department



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INTERVIEW FORM

Alazhar School would like to get to know you a little better! Please fill out the below interview form to help us learn more about your child and your family!

Student Name: _____ Age: _____

Person Completing Interview Form: _____

Relationship to Child: _____

Siblings: _____

Name	Age	Name	Age
Name	Age	Name	Age

Position in Family: First Child Middle Child Last Child

What is the cultural/ethnic heritage of your family?

Mother Side: _____

Father Side: _____

About My Child:

Students Strengths: Check all that apply:

<input type="checkbox"/> Artistic	<input type="checkbox"/> Athletic	<input type="checkbox"/> Positive Attitude	<input type="checkbox"/> Motivated	<input type="checkbox"/> Self-Starter
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Confident	<input type="checkbox"/> Friendly	<input type="checkbox"/> Imaginative	<input type="checkbox"/> Independent
<input type="checkbox"/> Flexible	<input type="checkbox"/> Perceptive	<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Respectful	<input type="checkbox"/> Sense of Humor
<input type="checkbox"/> Responsible	<input type="checkbox"/> Leader	<input type="checkbox"/> Positive Role Model	Other: _____	

1. My child is: (Check all that apply- circle the one that applies the best!)

- Quiet Calm Busy Curious Shy
 Talkative Creative Artistic Energetic Outgoing
 Serious Independent Other: _____

2. My child likes to: (Check all that apply- circle the one that applies the best!)

- Sing Write Read Draw Build
 Talk Dance Do Puzzles Other: _____



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3. Tell us one unique skill/characteristic about your child: _____

4. Describe some of your child's at-home play activities? _____

5. Would your child prefer to:

- Work Alone Work with others Work with teacher/parent
 Other: _____

6. My child's favorite color is: _____

7. My child's favorite TV/movie character is: _____

8. My child typically sleeps:

- Before 8 pm between 8 and 9 pm Past 10 pm
 Other: _____

9. Approximately how many hours a day does your child use electronic devices such as a television, video gaming system, iPad/tablet, and/or computer?

- Less than 1 hour between 2-4 hours More than 4 hours

When using these devices my child primarily:

- Watches movies/videos plays video games plays educational games

10. My child typically handles stressful situations by:

- Talking about it yell/throw a tantrum Crying Ignore it
 Other: _____

Family Practices/Views:

11. I would identify my parenting style to be most close to:

- Authoritarian:** I have high expectations for my child, strict rules, don't usually give my child options or choices, and use punishments with little explanation.
- Authoritative:** I have a more democratic way of parenting that uses a child-centric approach. I still have high expectations of my child, but I encourage independence, listen to my child's view points, and administer fair and consistent discipline
- Permissive:** I am more responsive than demanding, non-traditional, lenient, avoid confrontation. I have only a few rules, and am more like a friend than a parent.



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12. My partner and my parenting styles are the same. Yes No

If no, please explain: _____

13. Who is the primary disciplinarian? Mother Father

14. I typically discipline my child by:

- Talking to him/her Yelling Taking privileges away Time Out
- Ignore Spanking Teach a replacement behavior
- Other: _____

15. To reward my child I often:

- praise him/her buy him/her things spend time with him/her
- Other: _____

16. At home, my child has responsibilities and chores. Yes No

Please list some of his/her responsibilities: _____

17. At home, we often handle stressful situations by?

- Talking about it ignoring it expressing anger
- spending time in isolation Praying Other: _____

18. To relax, our family:

- each person gets alone time spend time outdoors visit family
- take a vacation together stay at home Other: _____

Comments:



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Bank Transfer Authorization Form

I, _____ authorize **Alazhar School, Inc** to electronically debit my bank account according to the terms outlined below. I acknowledge that the electronic debits against my account must comply with the United States Law.

Student(s) Name and Grade(s): _____

Terms of billing:

- Payment for Preschool students will be withdrawn bimonthly (5 month plan) starting from (or before) June 8th 2024.
- Payment for KG-8th students will be withdrawn bi-monthly (4 month plan) starting August 8th 2024.
- If your child is Scholarship recipient, the invoice will reflect the parents' tuition responsibility after applying the awarded amount from SUFS or AAA Scholarships.

Customer Bank Account Information:

Routing Number

Account Number

Bank Name: _____ **Account Type:** Checking Savings Savings

Parent Signature _____

- Financial Aid is available for qualifying families.
- All Credit Card payments will have 3% additional charge.

Checklist for Required Documents for New Student
Enrollment

- Completed Enrollment Application
- Completed Parent/Guardian Enrollment, Acknowledgement, & Consent
- Completion of the Annual Tuition and Fee Schedule
- Authorization for Release and/or Request for Information
- Interview Form
- Bank Authorization

Alazhar School requires the receipt of the documents outlined below prior to the child's first day of school.

- Copy of Birth Certificate or Passport
- Copy of most recent report card/standardized assessment
- Health Records
 - Immunization
 - Physical
- Social Security Number

Administrative Staff Signature

Date