

Salam School
4707 South 13th Street
Milwaukee, WI 53221
(414) 282-0504 Fax: (414) 282-6959

Office Use Only; Date _____

___ Choice

___ Private Pay

Admission Policy

Salam School does not discriminate on the basis of gender, religion, race, national and ethnic origin.

Tuition

Student Fees: \$30.00 (non-refundable per child)

K4	\$2,600	
K5-8th	\$7,000	1st and 2nd child
	\$6,500	3rd child
	\$5,500	4th child and up
High School	\$7,000	

** All tuition/fees should be paid to the Salam School Business Manager. Checks must be made out to SALAM SCHOOL.*

Please submit all necessary documents to facilitate the application process.

All Applicants Must Include the following:

- **Original/Certified Birth Certificate for NEW STUDENTS**
- **Immunization records (NEW STUDENTS OR UPDATED)**
- **Please submit most recent copy of report card if transferring from another school.**

If applying for Choice the following must also be included:

- **Completed/legible Choice application**
- **Tax Papers for 2012**
- **A copy of a current utility bill as proof of residence**
(NO LEASE ACCEPTED, UTILITY BILL MUST BE WITHIN THE LAST 60 DAYS)
- Financial aid is available through the CHOICE Program for students that qualify in grades K4 through 12th. Information and applications are available in the school office.
- Preschool and Kindergarten students must be the required age by September 1, i.e. four years old for K4, five years old for K5, and six years old for first grade. Birth certificates are required to verify age.
 - **The \$30.00 student fee must accompany your application. NO Application will be accepted without the student fee included.**

PARENT CONTRACT FOR SALAM SCHOOL

It is hereby understood that the education of my child is a joint effort between Salam School and my family. Therefore Insha'Allah as a parent (or guardian) of _____,
(full name of student)

- I assume responsibility for ensuring my child's full compliance with the rules and regulations of Salam School.
- For my child to receive periodic health and communicable disease screening by Milwaukee Health Department or by Salam School Staff. (Screenings include: vision, hearing, blood pressure and measurements.)
- For my child to receive a Developmental Screening Assessment for the development of an Individual Educational Plan based on parent/teacher recommendations.
- For my child to participate in classroom activities pertaining to personal safety.
- For my child to participate in school and classroom field trips, being assured that all field trips are adequately supervised and scheduled as an integral part of the classroom curriculum/
- For my child to be transported by vehicle (Bus) for field trips and other activities.
- For my child to receive first aid/CPR in an emergency if necessary.
- For my child to have pictures taken and used for Salam School public relations/promotion.
- I agree to pay tuition if required for the above-named student by the following method:
- Final balance must be paid by May 10, 2014 in the form of a money order or cashiers check.
No personal checks will be accepted as final payment.

- entire payment by September 1, 2013
- monthly payments

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

Signature of Salam School Administrator

Date

EMERGENCY CONTACT and PICK UP AUTHORIZATION

In the event of an emergency and the school is unable to reach the parent/guardian, please list three emergency contact numbers.

	Primary Contact	Secondary Contact	Third Contact
Name:			
Address:			
Phone:			
Relationship:			
Authorized to pick up child (Yes or No)			

MEDICAL INFORMATION

Does your child have any known food allergies? _____, if yes to what food? _____

Has your child been diagnosed for any serious illness? _____, If yes what? _____

Does the child have any medical condition requiring continuing care or medication? _____, If yes what? _____

Does the child have any history of atypical maturation or family history of neurological or emotional disorders? _____

Does your child have any allergies or sensitivities to medications or other substances? _____, If yes to what type of medication? _____

In an emergency which parent should we contact first? Mother? _____ Father? _____ Other(please specify)? _____

Emergency Medical Treatment Release

In the event of a serious accident or medical emergency, I give permission for my child to receive emergency treatment through his/her primary health care provider (s), or doctor whose name (s) are on file at Salam School, through a local Emergency care facility, or through a local ambulance care provider. I understand that this permission is only to be used when I cannot be contacted/reached by telephone, or in the event that the emergency is so serious that there is no time to contact me, the parent/guardian. I understand that Salam School will not be held responsible for any financial expenses.

Child's Name: _____

Parents Signature: _____ Date: _____

MEDICAL INFORMATION:	
Physician Information	
Physician Name _____	Phone: _____
Address _____	Parent Signature _____
Dentist Information:	
Dentist Name _____	Phone: _____