



DARUL ARQAM SCHOOL

Faith Knowledge Discipline

Additional Forms Required 2022-2023

The following forms and/ or fees must be completed, signed (by a parent or legal guardian) and submitted to the main office once student has been notified of acceptance. **Admission will not be confirmed unless all these forms are received within 2 weeks of receiving a notice of acceptance.**

- Book Fees
- Transfer Card (from your previous school)
- Release of Records Form
- Family Information Form
- Referral Form (optional)
- Student Book Loan Form
- Form B6T (Application for Private School Transportation, if applicable and not already provided)
- Smart Tuition Form (please refer to the Tuition Schedule for details)
- Allergy Alert
- Aftercare Registration (optional)
- Hifz Registration (optional)
- Non-Public Nursing Services Consent Form
- Universal Child Health Record Form (CH-14) (**Please submit by October 1st**)
- Copy of immunization record showing all vaccinations, required by the State of New Jersey, must be attached to Form CH-14.
- Please note that all students entering sixth grade must obtain Tdap and meningococcal vaccines prior to entering class.

Darul Arqam School
Family Information Form 2022-2023

Please Print All Information CLEARLY for ALL of your children attending DAS this year.

***Allergy:** list any allergies if none leave space blank

* **Walking:** Sometimes the teachers may take the students on a walking trip around the neighborhood or local park. If you give permission for your child to go, mark space with 'Y', if you don't give permission, mark with 'N'.

* **Photo:** If you give permission for your child's picture or video to be used by the school for marketing, mark with 'Y', if you don't mark with 'N'.

****** If you leave the Walking and Photo sections blank, the school assumes that you have given permission and will act accordingly.**

Student's Name	DOB	Grade	Allergy	Walking	Photo
1.					
2.					
3.					
4.					
5.					

PARENT CONTACT INFORMATION: (Please Print All Information CLEARLY)

	MOTHER	FATHER
Name:		
Address:		
Home Phone #:		
Cell Phone #:		
Work Phone #:		
Email Address:		
Lives with:		

EMERGENCY CONTACT INFORMATION:

List two neighbors or nearby relatives who will assume temporary care of your son/daughter if you cannot be reached in case of an illness or emergency:

	NAME	RELATIONSHIP TO CHILD	CONTACT NUMBERS
EMERGENCY CONTACT 1			TEL: CELL:
EMERGENCY CONTACT 2			TEL: CELL:

The following persons are authorized to pick up my child(ren):

1- Name & cell number

2- Name & cell number

3- Name & cell number

MOTHER'S NAME (PLEASE PRINT)

MOTHER'S SIGNATURE

DATE

FATHER'S NAME (PLEASE PRINT)

FATHER'S SIGNATURE

DATE



DARUL ARQAM SCHOOL

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DAS Referral Program

(To be completed by referring family, **not NEW** family)

Darul Arqam parents and students are our best ambassadors, and as such we want to show our appreciation.

Program details and eligibility:

- Open to all current Darul Arqam School Families that have a child enrolled at Darul Arqam School. **If you are already receiving a discount or are on Financial Aid, this discount cannot be applied to you.**
- Referring family (current family) must submit completed Referral Program Form to the main office prior to the completion of the admissions application of the new prospective family.
- Referring family must be listed by the prospective family as the "referral" on their admission's application. Referrals cannot be made retroactively once the prospective family's admission application has been submitted.
- For each eligible new family referred, the referring family will receive 1 month tuition free for each child (will be applied throughout the 10 months billing).
- Referral discount will only be applied once the prospective student has completed the admissions process, has been accepted by the school, and has submitted all forms and required fees.
- Prospective families must be new to Darul Arqam School. Former parents or those with siblings already enrolled at Darul Arqam do not qualify as "new" parents.
- Referral discount is for 1 academic year and will not be implemented the following year.
- Referral discount may not be divided between two families.

Your Name: _____ Your Email: _____

Your Child (current student at DAS): _____ (grade): _____

New Prospective Family's Address/ Email: _____

Name(s), age(s), and grade(s) of child(ren) of prospective family:

How long have you known this family? _____ Current School? _____

Referring Person's Signature: _____ Date: _____

Office use

Date Application Submitted: _____

Application Approved/ Denied: _____



DARUL ARQAM SCHOOL

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MIDDLESEX REGIONAL EDUCATIONAL SERVICES COMMISSION

To: Parent/Guardian
From: Private School Principal
Re: Nursing Services; Chapter 226 – Laws of 1991

Existing legislation provides certain nursing services and funding for full-time students in private schools. Included in these services, based on available state aid, is maintenance of student health records, hearing assessment, and scoliosis screening.

In addition, your child will receive emergency nursing services for any **school-related** illness or injury. Please sign the form below and return to my office as soon as possible.

Thank you,

Sharon Zrebiec

School Nurse

NONPUBLIC NURSING SERVICES for 2022-2023

(Complete one form for each child)

_____ I do give my permission

_____ I do NOT give my permission

For my child _____ in grade _____

(Please Print Child's Name)

Participate in nursing services and or be treated for illness or injury.

South River

School District

Darul Arqam School

Name of School

8 Thomas Street

School Address

Signature of Parent/Guardian

Date

ALLERGY ALERT

(Please complete a form for each child **that has allergies**)
2022-2023

Student's Name: _____ Grade: _____ Age: _____

Allergic to: _____

Allergic reaction that occurs when student is exposed to allergen:

Medication ordered if student has allergic reaction: NO YES

If yes, Medication (as ordered by the child's Physician)

Main office to contact parent/guardian immediately @ _____

Contact Physician @ _____

Hospital _____

Mlifz Program Enrollment Form 2022-2023

Mission

In line with the school mission, Darul Arqam School Full time Hifz program will instill the love of the Holy Quran and make Quran the driving force in the hearts and lives of our children. The Hifz program is a self-learning program, under the guidance of our instructors. The Hifz program is 4 hours per day, dedicated to helping students master the memorization and recitation of the holy Quran in 4-5 years. Applicants will be tested and then notified if accepted into this program. Also, students should maintain 80% average grade and good Islamic Behavior.

Student Name:		22-23 Grade:
Father's Full Name:	Cell #:	Email:
Mother's Full Name:	Cell#:	Email:

Requirements (Please circle one):

- Student reads fluently in Arabic Yes Maybe No
- Student Recites with Tajweed Yes Maybe No
- Student has willingness to memorize Quran Yes Maybe No
- Student applies the noon sakinah & tanween reading from the Quran. Yes Maybe No
- How many Juz/s the student memorized from the Quran? _____.

Perequisites:

Students going into the following grades:

*3rd Grade must know from (1-2) Juz or more - Other _____.

*4th Grade must know from (3-5) Juz or more - Other _____.

*5th Grade must know from (6-10) Juz or more - Other _____.

*6th & 7th please specify _____.

Parent's Pledge:

I _____ Parent of _____ will

- Follow up daily with my child's memorization and revision of the Holy Quran. I will have to sign my child's Hifz daily report and the following up memorization report.
- I will make sure my child follows the daily Hifz schedule that he/she is assigned.
- I agree that my child will not move up to the next juza until he/she pass a test on the current one.
- I will make sure my child will be on time daily.
- I will pay the additional Tahfeez fee of **\$150 monthly**.
- I will enroll my child in at least 2 hours Physical activity weekly and submit a monthly proof to school.

Parent's signature _____ Date _____

APPENDIX C
INDIVIDUAL STUDENT REQUEST FORM

INDIVIDUAL STUDENT REQUEST FOR LOAN OF TEXTBOOKS	
Date: March 1, 2022	For 2022-2023 School Year
Public School District: SOUTH RIVER	Nonpublic School: DARUL ARQAM SCHOOL
Address: 15 MONTGOMERY STREET SOUTH RIVER, NJ 08882	Address: 8 THOMAS STREET SOUTH RIVER, NJ 08882
Name of Student	
Grade	
Name of Parent	
<p>Under the provisions of N.J.S.A. 18A: 58-37.1 et seq., I hereby request the <u>SOUTH RIVER</u> (Public School District) to loan textbooks to the <u>DARUL ARQAM SCHOOL</u> (Nonpublic School) in which my child is enrolled. I certify that my above-named child and I are residents of the State of New Jersey. I understand that the public school district in which the nonpublic school is located has oversight of the State funds designated for providing the loan of textbooks to nonpublic school students pursuant to law and regulations.</p>	
Signature of Parent/Guardian: _____	
Date: _____	

Darul Arqam School
Aftercare Registration Form
2022- 2023

3:10 pm to 5:30 pm \$175 per month regardless of how many days your child attends

Name of Child	Grade	Age	Gender	Allergies

Parent #1 Name: _____ Contact #: _____

Parent #2 Name: _____ Contact #: _____

Home Address: _____

If there is someone besides the parents(s) picking up the child(ren):

Name: _____ Contact #: _____

\$175 month fee will be collected the 5th of the month via Smart Tuition

I acknowledge that I am enrolling my child(ren) in the Aftercare program at Darul Arqam School and I agree to the terms and conditions stated in this document. I understand that the Aftercare Program is not responsible for providing homework help. I also understand that I should send additional food and/ or snacks for my child to eat afterschool.

Parent's Signature

Date



DARUL ARQAM SCHOOL

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Release of Records

Date: _____

To: Student Records Clerk at

School: _____

Address: _____

Phone: _____

Email: _____

Student: _____

Last Name, First Name

DOB: M/D/Y

Grade

The above student has enrolled in Darul Arqam School. Please send the following information upon receipt of this document. Items may be emailed to admin@darularqam.org or to the school's physical address below.

- Report Cards (and transcript for 9th-12th)
- IEP records
- Standardized tests
- Immunization records
- Behavioral records or report
- Any other relevant information

Thank you for your cooperation.

Darul Arqam School Administration

8 Thomas St

South River, NJ 08882