



3662 East Patterson Road, Beavercreek, OH 45430

Phone: (937) 429-9477 Fax: (937) 429-9512

<http://www.dis4u.org>

"Looking to Shine in this Life and the Hereafter"

Student Name: _____

As salaamu `Alaykum,

We welcome you to our school. The following items are very important and must be turned in at the time of registration for your child to be enrolled at DIS.

The following requirements apply to new applicants:

- **Enrollment Form:** Duly completed and signed enrollment forms with all supporting documents must be submitted. Incomplete or inaccurate applications may result in delay and possible loss of admission.

Application Packet Checklist:

- Enrollment Form Enrollment Agreement Consent for
Transfer of School
Records (new students)
- Emergency Medical
Authorization

Supporting Documents Checklist:

- Birth Certificate copy Immunization Record
- Vision & Hearing Test Report

Jazakum Allah Khair.

DIS Administration



3662 East Patterson Road, Beavercreek, OH 45430
Phone: (937) 429-9477 Fax: (937) 429-9512
<http://www.dis4u.org>

“Looking to Shine in this Life and the Hereafter”

ENROLLMENT AGREEMENT (Note: Complete only one for all children)

Name of Student : _____ Grade : _____
Name of Student : _____ Grade : _____
Name of Student : _____ Grade : _____
Name of Student : _____ Grade : _____

I hereby place my confidence in the ability of the administration and staff of DIS to perform the educational function due to my child (ren) at their discretion.

I agree to accept all regulations of the school on the applicant's behalf and authorize DIS to employ such discipline, as it deems wise and expedient for my child (ren). I realize that occasionally children may make an issue with actions that they do not agree with and that they are prone to take teacher criticisms out of context. I pledge that if this should occur, I will seek to clarify the matter with the teacher and / or Principal first. If necessary, I will correct my child (ren) and will support the school personnel. I will follow the same procedure for any school incidents that may occur.

I pledge to build a strong relation with my child(ren)'s teachers and aid in the training of my child(ren) by providing an Islamic example at home, supporting the spiritual training of the school, following through with any work assignments or slips to be signed, ensuring that my child(ren) arrive(s) at school on time, sending in written excuses for absences or tardiness, teaching my child(ren) to respect school property, and attending all events/meetings for parents.

As stated in the authorization section of the enrollment form, in the event my child (ren) become(s) ill or is injured at school and I cannot be reached, DIS is authorized to contact the person(s) listed in the application form, or to transport my child (ren) to the nearest hospital and is given consent for emergency care depending on the severity of the illness or injury. I absolve DIS from liability to my child because of injury in the school, field trip or other school activity away from school. The school is NOT financially responsible for any emergency care/hospital expenses or transportation. I understand that a large part of DIS operations are sustained by charitable donations, and for fundraising and other promotional purposes. DIS may conduct video, still photography, display of student work and live performances throughout the academic year. I agree that unless I submit a written statement to the contrary, DIS has my consent and support to include my child (ren) in such promotional activity.

Unless otherwise stated in the enrollment form, I give permission for my child (ren) to take part in all school activities, including sports and school sponsored field trips away from or on the school premises. I understand that the school policies are available for review on request at the school office. I agree to comply with school policies and procedures as may be amended from time to time.

Tuition and Other Dues: I agree and commit to make prompt payments as stipulated in the attached "Fees Schedule" with applicable penalties for late payments. I further understand that my child (ren) may not be allowed to attend class due to delinquent payments at the discretion of the school administration.

Signature of the Parent / Guardian

Date

“And fulfill (every) engagement, for (every) engagement will be inquired into (On the Day of Reckoning)” Surah Al-Israa verse 34



3662 East Patterson Road, Beavercreek, OH 45430
 Phone: (937) 429-9477 Fax: (937) 429-9512
<http://www.dis4u.org>

“Looking to Shine in this Life and the Hereafter”

ENROLLMENT FORM

Applying for Grade (Circle):

Preschool Kindergarten First Second Third Fourth Fifth Sixth Seventh Eighth

First Time Applicants Need to pay a \$25 Application Fee

PERSONAL INFORMATION			
1. Student's Name _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> (Last Name) (First Name) (Middle) </div>			
2. Date of Birth : ____ / ____ / ____ <input type="checkbox"/> Male <input type="checkbox"/> Female SS# ____ - ____ - ____			
3. Home Address : _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> (Street) (City) (State) (Zip Code) </div>			
Home Phone _____		Race/Ethnic origin - _____	
4. Father's Name : _____		Phone: _____	
E-mail : _____		Other Phone: _____	
Home Address (If different from child's address) : _____			
5. Mother's Name : _____		Phone: _____	
E-mail : _____		Other Phone: _____	
Home Address (If different from child's address) : _____			
Employer Name and Address : _____			
CONTACT INFORMATION AND RELEASE DIRECTIONS			
List ALL Telephone Numbers where Parents / Guardian may be reached while child will be in school	Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.
In case of emergency, give name of person of to be contacted if parents / guardian cannot be reached at the above numbers	Name and Phone Number		Relationship to Student
I hereby authorize DIS to allow my child to leave the facility ONLY with the following persons (other than parents/guardian)	Name and Phone Number		Relationship to Student
	Name and Phone Number		Relationship to Student

CURRENT AND PAST MEDICAL CONDITIONS
List any special problems that your child may have such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medications prescribed for long term continuous use and any other information which our staff should be aware of :
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>



3662 East Patterson Road, Beavercreek, OH 45430

Phone: (937) 429-9477 Fax: (937) 429-9512

<http://www.dis4u.org>

"Looking to Shine in this Life and the Hereafter"

OTHER INFORMATION

DIS is strongly committed to meeting the needs of its students. In order to provide programs and resources to meet students' needs, DIS seeks accurate and timely information from prospective families regarding the learning history of applicants for admission.

1. List the public school district in which your child resides: _____
2. List all previous schools attended (List most recent first):
 Name of School: _____ Grade : _____ Year : _____
 School Phone Number: _____
 Address: _____ ZIP Code: _____

 Name of School: _____ Grade: _____ Year: _____
 School Phone Number: _____
 Address: _____ ZIP Code: _____
 Reason for leaving previous school (s) _____
3. What language(s) are spoken at home:
Arabic English Urdu Other (please state the language):
4. What language(s) does the student understand:
Arabic English Urdu Other (please state the language):
5. Please share your reasons for applying to DIS _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize DIS's Director or person in charge to take my child to :

To the Nearest Hospital / medical facility **OR**

Name of Physician :	Address :	Phone Number :
Name of Hospital :	Address :	Phone Number :

I give consent for DIS to secure any and all necessary medical care for my child. I absolve DIS from liability to my child because of injury in the school, field trip or other school activity away from school. I further understand that DIS will not be responsible for any charges / expenses incurred as a result of emergency/urgent / first aid medical attention provided to my child. I bear full responsibility for expenses of this nature.

X _____
Signature of Parent / Guardian



3662 East Patterson Road, Beavercreek, OH 45430

Phone: (937) 429-9477 Fax: (937) 429-9512

<http://www.dis4u.org>

"Looking to Shine in this Life and the Hereafter"

ACKNOWLEDGEMENTS

I acknowledge receipt of "DIS Student Handbook". I further understand that the school policies and procedures are available for review at the school office.

X _____
Signature of Parent / Guardian

To the best of my ability, I/we have provided accurate and truthful information on this application for admission. I understand and agree that the admissions process cannot be completed until DIS has received all required documents. I understand that incorrect and incomplete information and late or non-payment of fees and /or tuition may result in delays and possible declination of admission. I understand that all registration fees are non-refundable.

Parent/Guardian's Signature: _____ **Date:** _____

Name: _____ **Relationship to Student:** _____