

Toledo Islamic Academy Enrollment Application

Previous Schools Attended (most recent first) :

Name of School:	Grades:	Start Year: End Year:	School Address City: State: School Phone:
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Reason(s) for leaving previous school: _____

_ Has the student ever repeated a grade? YES NO

If yes, Please explain why: _____

_ Has the student ever been suspended, expelled or had any disciplinary difficulty in school? YES NO

If yes, Please explain: _____

_ Does your child have any physical disabilities? YES NO

If yes, Please explain: _____

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

Has your child been referred for (please check all that apply):

Learning disabilities Language processing ADHD/ADD Emotional Difficulties

Has your child been tested for (please check all that apply):

Learning disabilities Language processing ADHD/ADD Emotional Difficulties

If yes, please give dates and explanation: _____

Please list the subjects in which you believe your child excels: _____

Toledo Islamic Academy Enrollment Application

Student Sibling Information					
Sibling Name:	Enrolled Here?			DOB	Current School
	Yes	No	Waitlist		
	Yes	No	Waitlist		
	Yes	No	Waitlist		
	Yes	No	Waitlist		
I certify that all of the above information is true and complete, to the best of my knowledge					
Parent/ Guardian Signature:				Date:	

Please return this completed application and attachments to: Toledo Islamic Academy, Attention: Admissions, 5225 West Alexis Rd., Sylvania Ohio 43560. Registration fees are due with this application. Please contact the main office to inquire about registration fees. Fees are required to be fully admitted. Currently a \$300 late registration fee will be added to returning students not registered by July 1st.

The Toledo Islamic Academy recruits and admits students of any race, color or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color or ethnic origin in the administration of its educational programs and athletic/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation.

The Toledo Islamic Academy will not discriminate on the basis of race, color, or ethnic origin in the hiring of its certified and non-certified personnel.

For Office use only:				
Application Date:	Acceptance:	YES	NO	Waitlist



HOME LANGUAGE SURVEY

NAME OF STUDENT: _____ Date of Birth: _____

In order to determine the number of students who speak a language other than English we are requesting the following information:

1. Country of Birth: _____
2. Is English the first language that the student learned to speak? YES / NO
3. If NO, what is the first language that the student learned to speak?

4. Is English regularly (most of the time) spoken at home? YES / NO
5. If NO, what is the language spoken at home?

IF THE RESPONSE TO THE ABOVE QUESTIONS IS "NO" PLEASE ANSWER THE FOLLOWING:

How many years has the student gone to school in the U.S.?

Is the student a U.S. citizen? YES / NO

Access the student's language proficiency in your opinion. (Check all that apply)

_____ Speaks no English	_____ Reads no English	_____ Writes no English
_____ Speaks Limited English	_____ Reads Limited English	_____ Writes Limited English
_____ Speaks English Well	_____ Reads English Well	_____ Writes English Well

Parent/Guardian's Name (Print): _____

Guardian's Phone _____

Signature: _____ Date: _____

Address: _____, _____, _____

Mother Phone: _____ Father Phone: _____

The governing board of the Toledo Islamic Academy located at 5225 Alexis Road in Sylvania, OH 43560 has adopted the following racial nondiscriminatory policies.

The Toledo Islamic Academy recruits and admits students of any race, color or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color or ethnic origin in the administration of its educational programs and athletic/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation.

The Toledo Islamic Academy will not discriminate on the basis of race, color, or ethnic origin in the hiring of its certified or non-certified personnel



TOLEDO ISLAMIC ACADEMY

5225 W. Alexis Road, Sylvania, Ohio 43560

Phone: 419-882-3339 Fax: 419-882-3334

EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable parents and/or guardians to authorize the provision of emergency treatment for students who become ill or injured while under school authority. Form must be signed in ink and completed for each child in the family.

NAME OF STUDENT: _____

Student Home Address: Street Address:	City, State, Zip: , ,
Fathers Name (Last, First):	Phone:
Fathers Address (If different from child):	
Mothers Name (Last, First):	Phone:
Mothers Address (If different from child):	

Please mark student's grade level in 2025/2026 school year: _____

Person to contact if parents/guardians are not available: 3 Contacts are required

Name	Address:	Phone	Relationship to Child

Allergies: _____ Date of last tetanus shot: _____

Medication being taken (drug, dose, times): _____

Please list health problems. For example, asthma, vision, epilepsy, diabetes, hypoglycemia, hearing, bone or muscle problems, etc.

PART I- AGREEMENT TO GRSNT CONSENT:

If unable to reach a parent or guardian, I hereby give my consent for: The administration of any treatment deemed to be necessary by

_____ or _____
(Doctor) (Dentist)

Or, in the event the designate practitioner is not available, (1) by another licensed physician or dentist: and
(2) the transfer of the student to _____ Or any hospital which is reasonably accessible.
NOTE: This authorization does not cover surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity of surgery are obtained prior to the performance of such surgery.

PART II - REFUSAL TO GRANT CONSENT:

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish school authorities to take no action or to: _____

Signature of Parents or Guardian

(Date)

EMERGENCY INFORMATION RECORD		LAST NAME		FIRST NAME	
		PARENT/GUARDIAN NAME		HOME PHONE	DATE OF BIRTH
HOME STREET ADDRESS		CITY		STATE	ZIP CODE
MOTHER'S BUSINESS PHONE	MOTHER'S CELL PHONE		FATHER'S BUSINESS PHONE		FATHER'S CELL PHONE
MOTHER'S EMAIL			FATHER'S EMAIL		
IN CASE OF EMERGENCY AND PARENT IS NOT AVAILABLE, CONTACT:					
Name:		Address:		Phone:	
Name:		Address:		Phone:	
STUDENT'S PHYSICIAN - NAME AND ADDRESS				PHONE	
STUDENT'S DENTIST - NAME AND ADDRESS				PHONE	
HOSPITAL WHERE STUDENT SHOULD BE TAKEN IF PARENT OR PHYSICIAN IS UNAVAILABLE					
ALLERGIES AND OTHER MEDICAL CONDITIONS: (Please explain checked items below or, if necessary, use other side of card)					
ALLERGIES ASTHMA DIABETES EPILEPSY HEART PROBLEMS RECURRING ILLNES OTHER _____					
PARENT: USE BACK OF CARD FOR ADDITIONAL COMMENTS, IF NEEDED.		In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary. Parent Signature: _____ Date: _____			



TOLEDO ISLAMIC ACADEMY

Field Trip/Picture/Video Parental Permission Form

Field Trips:

Throughout the school year, students will have the opportunity to participate in field trips. Some of these trips will take place within the local area, while others may extend beyond the community. You will be notified in advance of any trips that involve activities outside of the regular school day or require travel outside of the school's property.

I give the following student permission for participation in all TIA school sponsored field trips throughout his/her entire time at TIA.

Student Name (Last, First): _____

Grade: _____

Parent/ Guardian Signature

Date:

Photographs & Videos:

I acknowledge that photographs and videos may be taken of my son/daughter during school and classroom activities.

I grant permission for the student listed above to be photographed or video recorded, and I understand that these images and videos may be used in local newspapers, the annual yearbook, or other publications and media throughout their entire time at TIA.

Student Name (Last, First): _____

Grade: _____

Parent/ Guardian Signature

Date:



TOLEDO ISLAMIC ACADEMY

Child Release Form

Student Name (Last, First): _____

Grade: _____

The following persons have permission to pick up my child(ren) named above from Toledo Islamic Academy.

	Name	Phone #	Relationship
1.			
2.			
3.			
4.			

**For your child's safety, you will be contacted for any individual who is not listed above and a proof of identification will be required.

**Under NO circumstances will the child be released to anyone other than those listed above without permission from the parent.

Parent Signature

Date:



TOLEDO ISLAMIC ACADEMY

TIA PARENT & STUDENT HANDBOOK

I have read the TIA handbook www.tiaus.net and agree to adhere to the policies therein.

StudentName (Last, First): _____ Grade: _____

Student Signature: _____ Date: _____

Parent / Guardian Name: _____

Parent Signature: _____ Date: _____

This page must be returned to the school within five days of enrollment at the school:

Failure to return this page, signed by the time indicated, will require a conference with the Principal before the student can return to school. For 5th grade or younger students, only the parent's signature is required.



TOLEDO ISLAMIC ACADEMY

Contract for Responsible IT use Internet, Systems and Devices

I, _____ [name(s) of parent(s)] recognize that Information Technology (IT) is the use of electronic devices, software, internet services and networks to store, retrieve, and share information and are important to the educational aspects of my child's life. I am excited for my child because I know there are great benefits from using IT. I am also very concerned about potential risks. I understand that my child is becoming a young adult. I also feel strongly that as a parent, I am responsible for keeping my child safe and helping my child learn to use IT and Chromebooks in a responsible manner. As a parent granting privileges, I agree to the terms of this contract.

I, _____ name of child] know that having IT and Chromebook is a privilege. I understand that my parents love me and want to keep me safe. I agree to the terms of this contract:

Child's Responsibilities

Personal Responsibilities

1. I understand that having IT and Chromebooks is a means of communication and is not a replacement for actual face-to-face interaction with my friends and family members. Therefore, when I am with others, I will make the people I am with my priority.
2. I will not share my passwords with anyone except my parents. I am responsible for my Chromebook even if others are using them.
3. I always use the assigned device for the entire school year only
4. I will use all school computers' devices and peripheral carefully and gently, and I am responsible for returning all devices to their location when I done with it, keep all devices away from food and drink and I will keep it in good working condition.
5. I will not change the devices' configuration or location without permission.
6. I will not remove the school tags or alter them in any way nor write, draw, or stick on school devices
7. I will not download apps, games, VPNs, movies, or music on local devices or cloud drives and will not use it for other purposes other than my education and classes.
8. I will not use my Chromebook to share photos, videos or texts that could embarrass me or others now or in the future. I will not share details of my location, family travel, vacation, etc.
9. I will not use my Chromebook for malicious purposes, i.e. bullying, spreading rumors/gossip, etc. nor will I send text messages that are vulgar, obscene, or personal in nature. I understand that such messages are both highly inappropriate and potentially illegal.
10. I will alert my parents if I am being harassed by someone via my Chromebook.
11. I understand that school officials can go through the contents of my Chromebook at any time, with or without my knowledge. I agree to surrender my Chromebook immediately to school officials if asked. I will not delete my history without permission, and I will fully cooperate in showing school officials the contents stored on or



TOLEDO ISLAMIC ACADEMY

Contract for Responsible IT use Internet, Systems and Devices

accessed through my Chromebook, including contacts, pictures, videos, text messages, etc.

12. I understand that my Chromebook may be taken away for failing to complete school assignments or homework.
13. I understand that my Chromebook may be taken away for disrespectful or disobedient behavior and failure to complete responsibilities tasks when asked or required.
14. I pledge to follow all the rules my school has regarding TIA Information Technology and Chromebooks.
15. I understand that failure to follow and respect any of these rules can result in the loss of my Chromebook for any length of time determined by my parents.

Parent Responsibilities

Personal Responsibility

1. I understand that I am financially responsible for replacing the Chromebook at its full price listed below if it is damaged and/or lost/stolen.
2. I understand that having a Chromebook is a privilege for my child and I have reviewed the rules and regulations with him/her.
3. I will notify school officials immediately if am made aware of any problems with the Chromebook.
4. I understand that the Chromebook is the property of TIA and therefore, my child and I have no rights, ownership, or expectations of privacy to any data that is, or was, stored on the Chromebook, school network, or any school-issued applications.

I agree to all conditions stated above and will adhere to them with a gracious and positive

attitude. I reviewed this contract on: _____

Student Signature

Date:

Parent Signature

Date:



TOLEDO ISLAMIC ACADEMY

Child's Records Request

The following student is applying for admission to Toledo Islamic Academy. In order to process their applications, we kindly request Academic records, Standardized testing results, Attendance records, disciplinary reports, IEP, IAT and psychological records to be transferred to us at your earliest convenience

Student Name (Last, First): _____ Grade: _____

Previous School Name: _____

Phone: _____ Fax: _____

Address (City, State): _____

Parent Signature

Date