



# *A Faith Based ALL Girl's School*

Confident in Religious Education and Advancement with Modesty

*ADMISSIONS APPLICATION*

**2016-2017**

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101 W. Buckingham Rd. Suite 201  
Richardson, TX 75081  
Phone (972) 437-2526; Fax (972) 437-2524  
[www.QalamAcademy.com](http://www.QalamAcademy.com)  
[www.facebook.com/QalamAcademy](http://www.facebook.com/QalamAcademy)

# Qalam Collegiate Academy | Admissions Application 2016-2017

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## Student Information

Please print neatly in blue or black pen.

Student's Legal Last Name \_\_\_\_\_ Student's Legal First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Birth Date (mm/day/year)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security No:

Student's Legal Status:  citizen  permanent resident  visa  
 Other visa  temporary resident

Ethnic Identity:  South Asian  Middle Eastern  African American  
 Caucasian  Hispanic  Multi-racial  
 Asian/Pacific Islander  Other \_\_\_\_\_

Current Grade: \_\_\_\_\_ Grade Applying for: \_\_\_\_\_

Legal Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt. Number \_\_\_\_\_

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Language spoken at Home \_\_\_\_\_ (We do not provide services for ESL students)

## Academic Information

What school(s) has the student attended (*starting with current*)?

1. _____ School Name _____ School Address _____ City _____ State _____ Zip code _____ _____ Phone No. _____ Grade attended _____	2. _____ School Name & Address _____ City _____ State _____ Zip code _____ _____ Phone No. _____ Grade attended _____
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Has the student:

a. **Repeated a grade?**  Yes  No

If YES, what year? \_\_\_\_\_

a. **Skipped a grade?**  Yes  No

If YES, what grade? \_\_\_\_\_

c. **Dismissed or suspended from any of the above schools?**  Yes  No

If YES, please explain: \_\_\_\_\_

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## Family Information

<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <hr/> <b>Parent/Guardian's Last Name</b> <b>First Name</b> <hr/>	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <hr/> <b>Parent/Guardian's Last Name</b> <b>First Name</b> <hr/>
<b>Relationship:</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____	<b>Relationship:</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
Home/Mailing Address (if different from legal address) <hr/> <b>Street Address</b> <b>Apt. Number</b> <hr/> <b>City</b> <b>State</b> <b>Zip code</b>	Home/Mailing Address (if different from legal address) <hr/> <b>Street Address</b> <b>Apt. Number</b> <hr/> <b>City</b> <b>State</b> <b>Zip code</b>
<hr/> <b>Home Phone</b> <hr/> <b>Work / Emergency Phone</b> <hr/> <b>Cell Phone</b> <hr/> <b>Email Address</b>	<hr/> <b>Home Phone</b> <hr/> <b>Work / Emergency Phone</b> <hr/> <b>Cell Phone</b> <hr/> <b>Email Address</b>
<hr/> <b>Occupation</b> <hr/> <b>Employer</b> <hr/> <b>College Attended</b> <hr/> <b>Degree Earned</b>	<hr/> <b>Occupation</b> <hr/> <b>Employer</b> <hr/> <b>College Attended</b> <hr/> <b>Degree Earned</b>

## School Records Request

Applicant's **Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

Birth Date (mm/day/year) \_\_\_\_\_

Current grade \_\_\_\_\_

**School Info:**

School Phone \_\_\_\_\_

School Name \_\_\_\_\_ Grade(s) Attended w/ school year(s) Attended \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Authorization Signature:** \_\_\_\_\_

**To: School Administration:**

The student listed above is applying to Qalam Collegiate Academy for registration in the 2016-2017 school year. Please provide the following documentation to Qalam Collegiate Academy. We appreciate your assistance in this matter.

- Standardized Test Scores
- Report Cards
- Any special education information
- Attendance records
- Health & immunization records
- Birth certificate
- Social Security card copy/number
- Special programs information
- ARD, IEP, BIP information
- ESL/LEP information

\_\_\_\_\_  
Signature & Official School Title

**Phone** (972) 437-2526; **Fax.** (972) 437-2524

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## Health Information Section

Local Doctor Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

My Daughter has health Insurance [ ] Yes [ ] No

Insurance Provider's Name & Contact Info \_\_\_\_\_

Health Information: List Health conditions such as heart disease, diabetes, seizures, asthma, severe food allergies, eye/ear problems and other chronic illnesses and any medications the student takes:

\_\_\_\_\_  
\_\_\_\_\_

In the event that my daughter becomes ill or is injured at school and I cannot be reached, Qalam Collegiate Academy is authorized to contact the person(s) listed below, or Call 911 and transport my daughter to a hospital and is given consent for emergency care depending on the severity of the injury or illness. The Academy is NOT financially responsible for any emergency care and/or transportation.

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Number \_\_\_\_\_

- I understand that completing this application does not confirm a seat for my daughter(s) at Qalam Collegiate Academy.
- I understand that Qalam Collegiate Academy reserves the right to decline an application due to failure to show for further admission's processes or incomplete/false information.
- I understand that a \$100 registration fee is due at the time of submission of this application and required to complete the application process.
- I understand that if accepted, my daughter will be admitted on a probationary basis for the first academic Quarter and may be dismissed any time therein for valid academic or disciplinary reasons.
- I have reviewed and attached the required document list for my daughter's application
- I understand the terms of this application.

This application must be signed, accepting the terms for application. Falsification of information will result in removal from the school.

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Parent/Guardian