



Peace Terrace Academy

Peace Terrace ~ Fremont, CA 94555 ~ Phone: (510) 477-9946 ~ Fax: (510) 477-9963

Dear Parents,

Assalamu Alaikum Wa Rahmatu Allahi Wa Barakatuhu,

We are pleased that you have chosen Peace Terrace Academy as the school for your child's education.

We believe in "Education for Life." Our educational philosophy promotes critical thinking, high self-esteem, creativity, and well-balanced character. We prepare our students to smartly integrate with society without losing their distinctive Islamic identity and to achieve and excel in their future competitive world.

We deem that the success of a school relies on the level of co-operation between school and home. Please review the admission process carefully for either continuing students or new enrollment and make sure you submit all required documents before the stated deadlines.

The admission process begins in March with registration packets available on-line. **The registration deadline for all students is April 30th, 2010.** Open house is on April 16th, 2010 for all parents interested in the 2010-2011 academic year. Continuing and new enrolling students will be tested to determine the proper placement for their grade level. You will be notified by mail as to the date of the student(s)' placement test. Parents will also be invited to attend Parents' Orientation prior to the start of the school year in which they are able to meet with school administrators and staff as well as other parents.

If you would like to apply for financial aid, please visit the office for a financial aid application. Financial aid is provided only to students who demonstrate high academic excellence **and** whose families display a real financial need.

Once again, we would like to welcome you to our school and we look forward to serving you and your children in the 2010-2011 academic year. If you have any questions, please do not hesitate to call our office at (510) 477-9946. You may also visit the Peace Terrace Academy website at www.peaceterrace.org.

Regular office hours during the academic year are Monday-Thursday from 8:00am - 3:15pm and on Friday from 8:00am -12:00pm.

Best regards,
PTA Administration



Peace Terrace Academy

33330 Peace Terrace ~ Fremont, CA 94555 ~ Phone: (510) 477-9946 ~ Fax: (510) 477-9963

New Student Enrollment Packet 2010-2011

Application Packet includes:

1. Application for Admission
2. Financial Agreement
3. Transcript Request Form
4. Student Emergency Form
5. Immunization and Health Requirements Check List
6. Report of Health Examination for School Entry (PM 171A) – **Must be filled out by Doctor**

When you receive the Application packet:

- Submit an Application for Admission Form with the Registration Fee and Activity Fee (non-refundable)
- Submit a copy of your child's birth certificate.
- Submit last report card and copy of last standardized test results (*required for grades 1-9*)
- Submit a completed Financial Aid Application and required documents (*only if you feel that you qualify for financial aid*). You may obtain a Financial Aid Application from the School Administration office or on our Website at www.peaceterrace.org

Upon acceptance of the student and to reserve the space in the class

- Complete and sign the financial agreement
- Pay the Volunteer fee (per family) and Textbook fee by any of the payment methods specified below.
- Pay the tuition (*using one of the following methods of payments :Cash, Check, Certified Check, Western union, money order made payable to PTA*) required by the plan you choose
- Complete the Student Emergency form
- Complete the Transcript Request Form (required for new students entering 1st through 9th grade)
- Complete the Report of Health Examination for School Entry (PM 171A) – **Must be filled out by Doctor**
- Complete the Record of all required Immunization records.

(Additional evaluations/ tests may be required depending on the student's age. Please have a doctor fill out the enclosed Report of Health Examination for School Entry (PM 171A) completely.)

*****Acceptance of your student requires submitting all necessary documents and paying all fees/tuition. ***



Peace Terrace Academy

33330 Peace Terrace ~ Fremont, CA 94555 ~ Phone: (510) 477-9946 ~ Fax: (510) 477-9963

Application for Admission 2010 -2011

Circle grade: Pre School Pre-K KG 1st 2nd 3rd 4th 5th 6th 7th 8th 9th

Student Information (please print clearly)

| | | | | | | | | | |
|---------------------------------------|--------------------------|-------------------------|--------------------------|--------|--------------------------|----------------------|-------|-------|-------|
| Student's last name: | _____ | First Name | _____ | | | | | | |
| Middle Name | _____ | | | | | | | | |
| Home address | _____ | | City | _____ | | | | | |
| State | _____ | Zip | _____ | | | | | | |
| Home phone (____) | _____ | Alternate phone: (____) | _____ | | | | | | |
| Birth date (mm/dd/yyyy) | ____/____/____ | Age | _____ | Boy | _____ | Girl | _____ | | |
| Place of birth: | _____ | State/Country of Birth | _____ | | | | | | |
| Has student attended PTA before? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | No. of Year(s) Attended: | <input type="text"/> | | | |
| Are siblings currently attending PTA? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | | |
| Student lives with: | _____ | Both Parents | _____ | Mother | _____ | Father | _____ | Other | _____ |

Parent Information

| | | | | | | | |
|--|-------|---------------------------|-------|----------------|-------|--|--|
| Father (or guardian) (please notify the school if there are any changes in the information provided here) | | | | | | | |
| Last name: | _____ | First Name | _____ | Middle Initial | _____ | | |
| Home address (If different than Student) | _____ | | | | | | |
| City | _____ | State | _____ | Zip | _____ | | |
| Home phone (____) | _____ | Cell phone: (____) | _____ | Profession: | _____ | | |
| Employer/Business name | _____ | Employer/Business address | _____ | | | | |
| City | _____ | State | _____ | Zip | _____ | | |
| Work phone (____) | _____ | Email | _____ | | | | |
| Mother (or guardian) (please notify the school if there are any changes in the information provided here) | | | | | | | |
| Last name: | _____ | First Name | _____ | Middle Initial | _____ | | |
| Home address (If different than Student) | _____ | | | | | | |
| City | _____ | State | _____ | Zip | _____ | | |
| Home phone (____) | _____ | Cell phone: (____) | _____ | Profession: | _____ | | |
| Employer/Business name | _____ | Employer/Business address | _____ | | | | |
| City | _____ | State | _____ | Zip | _____ | | |
| Work phone (____) | _____ | Email | _____ | | | | |



Peace Terrace Academy

33330 Peace Terrace ~ Fremont, CA 94555 ~ Phone: (510) 477-9946 ~ Fax: (510) 477-9963

Sibling Information:

| Name | Birth Date | In Peace Terrace Academy? | |
|------|------------|---------------------------|----|
| | | Yes | No |
| | | Yes | No |
| | | Yes | No |

Educational History:

The following questions are helpful in determining the educational background and language(s) spoken at home by the student, and assist us in providing meaningful instructions to all students.

1. Which language did your child learn when he/she first began to talk? _____
2. What language does your child most frequently use at home? _____
3. Date student first attended school in the US: _____
4. Has this student ever been enrolled in a special education program? Yes ___ No ___ If yes, please explain _____

5. Has this student ever had psychological testing or screening for academic difficulties or learning disabilities? Yes ___ No ___
If yes, would the results be made available to Peace Terrace Academy? Yes ___ No ___

Last school attended:

School Name _____ Phone _____ Last grade completed _____
Address _____

Emergency contacts other than parents (include 3 local contacts and 1 out of state contact if possible)

| | | |
|------------|--------------------|----------------------------|
| Name _____ | Relationship _____ | Daytime phone (____) _____ |
| Name _____ | Relationship _____ | Daytime phone (____) _____ |
| Name _____ | Relationship _____ | Daytime phone (____) _____ |
| Name _____ | Relationship _____ | Daytime phone (____) _____ |

Peace Terrace Academy Emergency Policy: School staff will administer minor first aid. Parents and emergency contacts will be called for injuries/ illnesses beyond our ability to handle. "911" will be called to assist in the event of a serious illness or injury. This emergency policy is in effect for all students. Your child's attendance in the school signifies your acceptance of this policy.

This application does not entail any obligation of acceptance on the part of the school. Your child will be tested for academic readiness. Upon completion of the testing process, parents/guardians will be contacted to meet with the principal. You will be notified promptly if your child has been accepted. The registration date will be scheduled at that time.

To be admitted into kindergarten, a child must be five (5) years of age as of December second of the current year. For entrance to first grade, the child must be six (6) years of age as of December second of the current year. An up to date immunization record with physician's signature must be received by the first day of school. If no immunization record is presented, your child will not be admitted to school.

Parent's signature: _____ Date _____

Print name of parent signing above: _____

For Office Use Only

Date Received : _____

Received by : _____



Peace Terrace Academy

Peace Terrace ~ Fremont, CA 94555 ~ Phone: (510) 477-9946 ~ Fax: (510) 477-9963

Financial Agreement 2010-2011

Student Name: _____ Grade: _____

Please Select your Tuition Plan: Plan A Plan B Plan C

Required Fees for Enrollment at Peace Terrace Academy:

- Registration Fee
 - \$50 per continuing student (non-refundable) If registered **before April 30th**
 - \$100 per continuing student (non-refundable) If registered **after April 30th**
 - \$100 per new student (non-refundable) If registered **before April 30th**
 - \$150 per new enrollment (non-refundable) If registered **after April 30th**
- Annual Activity Fee
 - \$100 per student to be paid at time of registration (non-refundable)
- Tuition (per year)
 - \$4,500 for students in grades 1-9
 - \$5,000 for Kindergarten students
 - \$5,500 for Pre-Kindergarten students
- Book Fees
 - \$400 for K – 9th grades
 - \$200 for Pre K
- Volunteer Fees
 - \$200 per family. This fee is fully refundable if the family completes 20 hours of volunteer service with the school during the school year.

Tuition Payment Options for 2010-2011

Plan A – One full payment for the year's tuition.

- Payment due one week before school starts Tuition will be discounted by 10%.

Plan B - By Trimester

- 3 equal payments in the form of post dated checks, due one week before school starts. Checks to be post-dated for December 1st, and March 1st. Tuition will be discounted by 5%.

Plan C – Monthly payments

- 9 installments, 1st installment includes first and last month payment, the balance is paid by 8 post dated checks, due one week before school starts.

Sibling / Employee Discounts:

- Sibling Discount: The 2nd child's tuition is reduced by \$50 per month. The 3rd (and above) child's tuition is reduced by \$100 per month for each child.
- Peace Terrace Academy Employee Discount: 50% off the cost of tuition. All other fees are not discounted.



Peace Terrace Academy

Peace Terrace ~ Fremont, CA 94555 ~ Phone: (510) 477-9946 ~ Fax: (510) 477-9963

Terms and Conditions of Agreement:

1. Full payment of fees and post dated checks for tuition are required for the acceptance of students, both new and continuing.
2. Registration and Annual Activity fees are due at the time of registration.
3. The Volunteer Fee and any Tuition Plan is due one week before the student's first day
4. A \$25 fee will be charged for all returned checks and/or insufficient funds after which payment will be required by cash or money order.
5. Failure to comply with this agreement may result in the disenrollment of students
6. Additional fees that may be required but not included in this agreement include:
 - a. Costs associated with various classroom field trips
 - b. Fundraisers (bake sales, spell-a-thon, etc.)
 - c. Hot lunch, etc.
7. Withdrawal Policy
 - a. If a student is withdrawn from school, the following is non refundable:
 - i. Registration and Annual Activity fees
 - ii. Book fees
 - iii. Volunteer fees, unless 20 hours of volunteer work have been completed
 - iv. First and last month payments for all tuition plans
 - v. The tuition for the month that the student withdraws, if last day is on or after the 5th of the month
 - b. If a student is withdrawn from Peace Terrace Academy, any outstanding debt must be paid in order for student records to be released.
 - i. Debt may include, but is not limited to returned check fees, volunteer fees, etc.
8. Peace Terrace Academy may change or alter all or parts of this agreement at any time by notifying parents.

Please indicate the siblings' information and the type of plan that you will be selecting

| Sibling Names | Grade | Plan Type |
|---------------|-------|-----------|
| | | |
| | | |
| | | |
| | | |

Signing this document indicates that you have read, understand, and agree to follow the terms and conditions of the Financial Agreement. Only one signature is necessary, however both are preferred.

| | | |
|----------------------|-----------------|-------------|
| Father's Name: _____ | Signature _____ | Date: _____ |
| Mother's Name: _____ | Signature _____ | Date: _____ |

| | |
|----------------------|----------------------|
| For Office Use Only: | Date Received: _____ |
| | Received By: _____ |



Peace Terrace Academy

Peace Terrace ~ Fremont, CA 94555 ~ Phone: (510) 477-9946 ~ Fax: (510) 477-9963

Transcript Request Form

Exchange of Information

A school district may permit access to pupil records to any person for whom the parent of the pupil has given written consent specifying the party or class of parties to whom the records may be released. The recipient must be notified that the transmission of the information to others without the written consent of the parent is prohibited. The consent notice shall be permanently kept with the record file.

California State Education Code, Section 49075

Last School Attended: _____

Date: _____

School name

School Address

City

State

Zip

We appreciate receiving all of the following confidential information on the pupil named below:

| | |
|---------------------------|------------------------|
| Psychological | A Transcript of Grades |
| Health Records | Test Results |
| Special Education Records | Cumulative Records |
| Educational Records | Others |

I authorize the exchange of information between the above agency or school regarding:

Student Name: _____ Date of Birth: _____

Address: _____ Last Grade completed: _____

City: _____ State: _____ Zip Code: _____

Parent Signature: _____ Date: ____/____/____

Your cooperation and quick response to this request is greatly appreciated

The above confidential information has been requested by: Peace Terrace Academy, 33330 Peace Terrace, Fremont, CA 94555



Peace Terrace Academy

33330 Peace Terrace ~ Fremont, CA 94555 ~ Phone: (510) 477-9946 ~ Fax: (510) 477-9963

Student Emergency Form 2010-2011

Student Information: (please print clearly)

Grade:

Last Name: _____ First: _____ Middle Name: _____

Home Address: _____ City/ZIP: _____ Home Phone: (____) _____

Birth date: ____/____/____ Sex: Male Female

Student lives with: Both parents Father Mother Guardian Other (specify) _____

Language spoken at home: _____

Parent Information

Father/ Guardian Full Name: _____ Employer: _____ Work Hours: _____

Father's Work Phone: (____) _____ Father's Cell Phone: (____) _____

Mother/ Guardian Full Name: _____ Employer: _____ Work Hours: _____

Mother's Work Phone: (____) _____ Mother's Cell Phone: (____) _____

Medical Information

Medical Providers: Physician Name: _____ Physician Phone Number: (____) _____

Dentist Name: _____ Dentist Phone Number: (____) _____

Medical Conditions: Check each condition the student has and explain in the Medical Comments section.

| | | | | | | |
|--|---|---|---------------------------------------|----------------------------------|---|--|
| On Medication <input type="checkbox"/> | Limited Activity <input type="checkbox"/> | Seizure Disorder <input type="checkbox"/> | Contact Lens <input type="checkbox"/> | Asthma <input type="checkbox"/> | Allergy Medication <input type="checkbox"/> | Any Other Allergy <input type="checkbox"/> |
| Heart Problem <input type="checkbox"/> | Hearing Problem <input type="checkbox"/> | Vision Problem <input type="checkbox"/> | Diabetes <input type="checkbox"/> | Allergy <input type="checkbox"/> | Allergy Bee Sting <input type="checkbox"/> | Other medical condition not listed here <input type="checkbox"/> |

Is there any other medical information that Peace Terrace Academy should be aware of?

Peace Terrace Academy Emergency Policy: School staff will administer minor first aid. Parents and emergency contacts will be called for injuries/ illnesses beyond our capability. "911" will be called to assist in the event of a serious illness or injury. This policy is in effect for all students; your child's attendance in the school signifies your acceptance of this policy.

In the event you cannot be reached in an emergency, do you authorize school authorities to obtain medical aid or ambulance service at your expense? Please indicate your authorization by your signature below. If you do not authorize such treatment, please indicate instructions here:

Authorization to pick up/release

List in priority order, names of persons authorized to sign your child out of school. Photo identification is required for student pick up.

I authorize my child to be released to the following person(s) who agree to assume responsibility if I cannot be reached.

1. _____ Home phone (____) _____ Cell Phone (____) _____

2. _____ Home phone (____) _____ Cell Phone (____) _____

3. _____ Home phone (____) _____ Cell Phone (____) _____

4. _____ Home phone (____) _____ Cell Phone (____) _____

By signing this form, I understand that Peace Terrace Academy, its Board, and Principal assume no liability of any nature in relation to the transport or treatment of above mentioned minor. I further understand that all costs of paramedics, hospitalization, and any x-ray or treatment provided in this authorization shall be my responsibility.

Father/ Guardian Signature _____ Date _____ Mother/ Guardian Signature _____ Date _____



Peace Terrace Academy

33330 Peace Terrace ~ Fremont, CA 94555 ~ Phone: (510) 477-9946 ~ Fax: (510) 477-9963

IMMUNIZATIONS AND HEALTH REQUIREMENTS CHECK LIST

Dear Parents:

Peace Terrace Academy requires that students entering Pre-K to 9 complete all the immunizations required (per requirements of the California Department of Health CDHP).

Pre-K and Staff day Care

1. Immunization as per the California Immunization Requirements for Child Care
2. Birth Certificate

Kindergarten

1. TB test (PPD Mantoux) (the skin test must have been completed within 18 months prior to entering Kindergarten)
2. Immunization as per requirements for k-12
3. 3 doses of Hepatitis B
4. 2 doses of MMR
5. One dose of varicella or varicella (chicken pox) disease history documented by physician
6. A physical exam done with 6 months before entering Kindergarten. "Report of Health Examination for School Entry: should be completed by your child's doctor.(form enclosed)
7. Birth Certificate

First Grade

1. TB test (PPD Mtoux) (if Kindergarten was skipped)
2. 3 doses of Hepatitis B (if Kindergarten was skipped)
3. 2 doses of MMR (if Kindergarten was skipped)
4. Immunization as per requirements for K-12
5. A physical exam done within 18 months before entering 1st grade. "Report of Health Examination for School Entry" should be completed by your child's doctor (form enclosed)
6. Birth certificate

Grade 7

1. 3 doses of Hepatitis B
2. 2 doses of MMR
3. 1 dose vericella or varicella (chicken pox) disease hsitroy documented by physician
4. Td booster (recommended)

Grade K-8

1. Immunization as per requirements for K-12
2. All students entering grades 1-9 must complete the exchange of information (transcript request form) Health records will be obtained through the previous school
3. Birth Certificate

OUT OF ALAMEDA COUNTY/OUT O F STATE ENTRANTS

1. TB skin (PPD Matoux) test required for all students transferring into Grades K-12, from outside Alameda County. This skin test have been completed 18 months prior to entry into Kindergarten and 6 months prior to transfer into grades 1-12
2. Varicella is required for students entering Grades 1-12 from outside the state of California.

Disclaimer: The information provided here in for the convenience of the parents only. Please refer to your child's physician should you have any questions or concerns.

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

| | | | |
|-----------------------|-------|----------|--------------------------|
| CHILD'S NAME—Last | First | Middle | BIRTHDATE—Month/Day/Year |
| ADDRESS—Number/Street | City | ZIP Code | SCHOOL |

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

| REQUIRED TESTS/EVALUATIONS | DATE |
|---------------------------------|------|
| Health History | |
| Physical Examination | |
| Dental Assessment | |
| Nutritional Assessment | |
| Developmental Assessment | |
| Vision Screening | |
| Audiometric (hearing) Screening | |
| Tuberculin Test (Mantoux/PPD) | |
| Blood Test (for anemia) | |
| Urine Test | |
| Blood Lead Test | |
| Other | |

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.

Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

| VACCINE | DATE EACH DOSE WAS GIVEN | | | | |
|---|--------------------------|--------|-------|--------|-------|
| | First | Second | Third | Fourth | Fifth |
| POLIO (OPV or IPV) | | | | | |
| DTaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only) | | | | | |
| MMR (measles, mumps, and rubella) | | | | | |
| HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only) | | | | | |
| HEPATITIS B | | | | | |
| VARICELLA (Chickenpox) | | | | | |
| OTHER | | | | | |
| OTHER | | | | | |

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

- Please check this box if you *do not* want the health examiner to fill out Part III.

➤ _____
Signature of parent or guardian Date

Name, address, and telephone number of health examiner

➤ _____
Signature of health examiner Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.