

Peace Terrace Academy

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



Dear Parents,

Assalamu Alaikum WA Rahmatu Allah 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 new enrollment and make sure you submit all required documents before the stated deadlines.

The admission process begins in April with registration packets available on-line from April 11. Open house is on April 8th, 2011 for all parents interested in the 2011-2012 academic year. The registration deadline for all students is May 6th, 2011 (*to qualify for an early bird discount*). Parents will also be invited to attend Back to School Night in which they are able to meet with school administration and staff as well as other parents in September 2011 *insha Allah*.

Peace Terrace Academy offers Financial Aid for those who qualify. If you would like to apply for financial aid, please visit the office or the website for a financial aid application. Financial aid is provided only to students who demonstrate academic excellence *and* whose families display a real financial need.

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

Once again, we would like to welcome you to our school and we look forward to serving you and your children in the 2011-2012 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.

Best Regards,

PTA Administration

Important Dates

Registration Begins:
8th April 2011

Open House:
8th April 2011

Early Bird Registration
Deadline: 6th May 2011

Financial Aid Application
Deadline: 13th May 2011

Financial Aid Applicants
Interview (if approved): 9th
June 2011

Office Opens: TBD

First Day of School:
6th September 2011

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New Student Enrollment Packet 2011-2012

Application Packet Includes:

1. Application for Admission
2. Financial Agreement
3. Transcript Request Form
4. Student Emergency Form
5. Photo Release and Waiver Form
6. Park Permission Slip
7. Immunization and Health Requirements Check List
8. Report of Health Examination for School Entry (PM 171A) – **Must be filled out by Doctor**
9. Waiver of Health Examination Form (If Applicable)

When you Receive the Application Packet and to Reserve the Space in the Class:

1. Submit a completed Application for Admission with non-refundable Registration Fee (*to reserve the space*). Be sure to bring all documents, forms, and fees with you when you come to register.
2. Submit a copy of your child's birth certificate. (*English only*)
3. Complete the Report of Health Examination for School Entry (PM 171A) – *Must be filled out by Doctor-English only*

(Please Note: 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. An up to date Immunization record with physician's signature must be received by the first day of the school. If no immunization Record is presented, your child will not be admitted to school.

4. Submit last report card and copy of last standardized test results (*required for grades 1-8*)
(Your child might be assessed, if it deems necessary after the review of previous report card and Standardized Test Result. Submission of the application does not entail any obligation of acceptance on the part of the school. Please note that the school will only administer the assessment after the initial registration has been completed)
5. Submit a completed Financial Aid Application with all the required documents, if applicable. Approval of the financial aid will be determined upon evaluation of the previous report card, child's conduct in the previous year, parent interview and space availability.

Upon acceptance of the Student:

- Pay the tuition (*using one of the following methods of payments :cash, check, certified check, money order made payable to PTA*) required by the plan you choose
- Pay the Volunteer fee (*per family*) and
- Textbook fee by any of the payment methods specified above

Note: 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.

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Application for Admission 2011 -2012

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

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? Yes <input type="checkbox"/>	No <input type="checkbox"/> If Yes, Year Attended: <input type="text"/>
Are siblings currently attending PTA? Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 _____

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Sibling Information:

Name	Birth Date	In Peace Terrace Academy?	
		Yes	No
		Yes	No
		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 _____

Other:

Race: White Black, or African American American Indian, Alaskan Native Asian Other

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.

Parent's Signature: _____ Date _____

Print name of parent signing above: _____

For Office Use Only

Date Received: _____

Received By: _____

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Peace Terrace Academy Financial Agreement 2011-2012

Fathers' Name: _____ Mother's Name: _____

Day Time Phone Number: _____ Evening Phone Number: _____

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

Name Of the Student/Siblings	Grade	Plan Type

Please read carefully the Terms and Conditions of Financial Agreement

1. The following fees are required:

Annual Tuition: <ul style="list-style-type: none"> \$5000 for students in grades 1-8 \$5,500 for Kindergarten student \$6,000 for Pre-Kindergarten/Pre School students 	Registration Fee (non-refundable): <ul style="list-style-type: none"> \$50 per continuing student if registered before May 6th 2011 \$100 per continuing student if registered after May 6th 2011 \$100 per new student if registered before May 6th 2011 \$150 per new enrollment if registered after May 6th 2011
Volunteer Deposit Fees: <ul style="list-style-type: none"> \$200 per family (refundable if volunteer hours and deadlines are met) 	Book/ Material Usage Fees (non-refundable) - All hardcover text books must be returned at the end of the year in good condition. Otherwise, a penalty will apply. <ul style="list-style-type: none"> \$200 for Pre School and Pre K KG: \$400 1st-8th Grade: \$400

2. The following Tuition Payment Options are being offered:

Plan A – One full payment for the year's tuition. <ul style="list-style-type: none"> Payment due one week before school starts. Tuition will be discounted by 10%.
Plan B - By Trimester <ul style="list-style-type: none"> 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

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3. Registration fee is due at the time of registration.
4. Full payment of fees in the form of post-dated checks for tuition is required for the acceptance of students, both new and continuing.
5. All the required fees are due before the student's first day.
6. A \$25 fee will be charged for all returned checks and/or insufficient funds after which payment might be required by cash or money order.
7. Additional fees (non-refundable) 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.
8. PTA reserves the right to charge the volunteer fees, if the designated hours are not completed on time; this fee will not be prorated.
9. Withdrawal Policy
 - a. If a student is withdrawn from school, the following is non-refundable:
 - i. Registration Fees
 - ii. Book fees
 - iii. Volunteer fees, unless the designated hours of volunteer work have been completed; this fee will not be prorated.
 - 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
 - vi. If a student is withdrawn from the school, tuition payments processed prior to withdrawal are non-refundable.
 - 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
10. 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.
11. Peace Terrace Academy Employee Discount: 50% off the cost of tuition. All other fees are not discounted
12. If you have applied for financial aid, regular tuition rate will be applied until it has been approved.
13. Peace Terrace Academy may change or alter all or parts of this agreement at any time by notifying parents.
14. Peace Terrace Academy reserves the right to refuse service if the terms and conditions of this agreement are disputed or violated.
15. At the end of the year, all hard cover text books must be returned to the school in good condition. Otherwise, a fine of \$50 per textbook will apply. The workbooks may be kept by the student.

Signing this document indicates that you have read, understand, and agree to the above terms and conditions of the Financial Agreement. Failure to comply with this agreement may result in the disenrollment of students. Only one signature is necessary, however both are preferred

Father's Name: _____ Signature _____ Date: _____

Mother's Name: _____ Signature _____ Date: _____

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2011-2012 Photo Release and Waiver

Peace Terrace Academy requests authorization to photograph your child and use the photos. The photographs will be used in any media for editorial, educational, promotional, or advertising purposes in furtherance of the purposes and objectives of Peace Terrace Academy.

Please read and complete the following accordingly: *(This waiver is to be checked by a parent/guardian only)*

- I hereby grant permission to PTA to use photographs taken at any PTA event and activities to be used/ re-used, published/re-published in PTA publications, including websites, other forms, or media (both in print and online) without notifying me.
- I hereby waive any right to inspect or approve the photographs, publications, or electronic matter that may be used in conjunction now or in the future, and I waive any rights to royalties or other compensation arising from or related to the use of the photograph. I further agree that such photos may identify my child by name and grade and as a PTA student.

I as the parent or legal guardian of the below named child, have read this release, and I fully understand the contents, meaning, and impact of this release. I understand that my signature will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ YES, I give permission for Peace Terrace Academy to photograph my child.

_____ NO, I don't want Peace Terrace Academy to photograph my child

Child's Name: _____

Parent's Name: _____

Parent/Guardian Signature: _____ Date: _____



Student Emergency Form 2011-2012

Student Information: *(please print clearly):*

Last Name: _____ First: _____ Middle Initial: _____ Grade:

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.

- _____ Home phone (____) _____ Cell Phone (____) _____
- _____ Home phone (____) _____ Cell Phone (____) _____
- _____ Home phone (____) _____ Cell Phone (____) _____
- _____ 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 _____

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Park Permission Slip - 2011-2012 School Year

Please note that our students will play at the park this year during their leisure times. Please sign this form giving us permission to allow your child to play at the park for the entire school year.

_____ (Child's name) has my permission to play at the park across the street (from the school) on Lowry Road this school year. I understand that this is a public park that is operated and maintained by the City of Fremont.

I hereby release the school, staff, officials, and representatives of the school from any liability to the extent permitted by law. I understand that from time to time, children may fall, and have accidents in the sand and concrete play area. In case of an accident, I give Peace Terrace academy staff permission to treat minor injuries and give emergency first aid care to my child.

Parents as well as ambulatory/emergency care facilities will be contacted immediately in the event of a major or life threatening emergency.

Parent or Legal Guardian Name: _____ Signature: _____

Date Signed: _____ Emergency Number: _____



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 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: _____ Last Grade completed: _____

Address: _____

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



IMMUNIZATION AND HEALTH REQUIREMENTS CHECK LIST

Peace Terrace Academy requires that students entering grades K G to 8 complete all the immunizations required (*per requirements of the California Department of Health CDPH*) Please refer to the [Guide to the Immunizations Required for School Entry, Grades K-12, IMM 231 \(01/08\)](#)

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 within 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 Matoux) (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 varicella or varicella (chicken pox) disease history documented by physician
3. Tdap

GRADES 7-12 Note: NEW REQUIREMENTS FOR 2011-12

1. Whooping Cough booster shot for adolescents (Tdap)

New Tdap (Pertussis) Booster Requirement

A new California law (AB 354) has established an additional immunization requirement for the start of the 2011-2012 school year.

- Students who have not received a Tdap booster will be excluded from school.
- 7th through 12th grade students must have received a Tdap booster after their 7th birthday (including current 6th graders).
- All students need to have proof of vaccination submitted to their current school office by May 2nd.
- The record must show a stamp or signature from the physician or health care provider

For the next school year 2011-2012, all students entering or advancing into 7th – 12th grades must have proof of having had the Tdap booster shot before starting school. This includes current students, new students and transfer students in both public and private schools.



State of California—Health and Human Services Agency

Department of Health Care Services
Child Health and Disability Prevention (CHDP) Program

WAIVER OF HEALTH EXAMINATION FOR SCHOOL ENTRY

CHILD'S NAME—Last	First	Middle	DATE OF BIRTH—Month/Day/Year	
ADDRESS—Number, Street	City	ZIP Code	SCHOOL	Teacher

PARENT OR GUARDIAN:

Please fill out this form if you want to excuse your child from the health examination required by California law for school entry. **SIGN AND RETURN THIS FORM TO THE SCHOOL** where it will be maintained as confidential information.

NOTE: SIGNING THIS WAIVER **DOES NOT** EXCUSE YOUR CHILD FROM RECEIVING THE IMMUNIZATIONS REQUIRED BY CALIFORNIA LAW FOR CHILDREN IN SCHOOL. ALSO, SIGNING THIS WAIVER WILL NOT DENY YOUR CHILD THE VISION AND HEARING TESTS DONE BY THE SCHOOL.

I have been informed about the health examination recommended by health professionals and required by state law. I have been informed about where my child can receive a health examination and about the income levels for receiving it at no cost to me.

Please check one of the following:

- I choose not to have my child receive a health examination as part of the school entry requirement.
- I would like my child to receive a health examination, but I am unable to obtain it.

Reason (see Health and Safety Code, Section 124085): _____

Signature of parent or guardian

Date

INQUIRE AT THE SCHOOL OFFICE OR YOUR LOCAL HEALTH DEPARTMENT IF YOU WANT MORE INFORMATION.

CHDP website: www.dhcs.ca.gov/services/chdp

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.