

# **ADMISSION PACKET**

Private KG-12th Grade 2025 - 2026

1127 Otterbein Ave

**Rowland Heights, CA 91748** 

909.620.5297

info@qubais.org

ICSGV President Aziz Elattar

Principal Nadia Kashuka Assalamu Alaikum Wa Rahmatullahi Wa Barakatuh,



We welcome your interest in Quba Islamic School. We look forward to spending time with you and your child as you and your family make the decision whether Quba Islamic School will be your school of choice.

Applying to an independent school can sometimes seem time consuming and very involved. At Quba Islamic School, the admissions process is designed to get to know each family and applicant well, so that we can understand the social and educational goals and needs of each student. We want to ensure that you are familiar with the school program and value Quba Islamic School places on parent involvement with their child's school experience.

We seek students and families who support Quba Islamic School's values, which are rooted in Islamic beliefs and practices. Our values emphasize that our students are the amanah of Allah (swt) and it is ultimately their benefit that steers our decisions. Our values create an environment that helps us to nourish the new generation of students to enable them to become critical thinkers, lifelong learners and believers in positive action.

Our school's admission decisions are based on our time spent with you on the school tour and during the meeting with the Principal, teacher recommendations, past academic performance, standardized test results and other relevant assessments. We seek to enroll students with the academic readiness and willingness to stretch themselves to achieve to the best of their ability.

The main question our admissions process asks is: Will Quba Islamic School be a place where your child will develop a particular set of skills and talents and contribute to the vitality of the school community?

The application process is a journey that clarifies the educational and life goals you have for your child and the way Quba Islamic School can help you achieve them.

Please contact our admissions director today, to begin a journey of possibilities.

Jazakumullahu Khairan, Ms. Nadia Kashuka Principal

**Quba Islamic School** 

1127 Otterbein Ave Rowland Heights, CA 91748

Phone (909)620-5297

Website: www.qubais.org

# **Admissions Information Checklist**

The following items must be completed prior to the family meeting with the Principal. No decision will be made before all required materials are received and any necessary assessments have been completed. After careful review of all applicants, admission is granted to the students that are deemed best qualified to benefit from the school's program.

All ap	plicants
	School tour completed
	Admission Application Form completed by parent or guardian attached
	A copy of the birth certificate, immunization records, most recent report card
	Application Fee attached
	Tuition schedule reviewed
	Assessment completed
	Kindergartners require a report of health exam from a primary care physician
Grad	es 6-10 Applicants
	7 <sup>th</sup> Graders must meet Immunization requirements
	Copy of current and previous year's grade/teacher reports received
	Copy of Cumulative Folder received (should include transcripts, standardized test scores if
	available, special education/ services if applicable, student discipline and attendance records
	(If no standardized tests are available, the Principal will meet with you and your child to discuss
	the appropriate grade level)

## STUDENT ENROLLMENT FORM

Academic School Year	Incoming Grade	Last School Attended

## **Student Information**

First Name	Middle Name	Last Name		
Date of Birth (MM/DD/YYYY)	City of Birth	Gender		
Street Address				
City	State	Zip Code		
Home Phone Number				
Languages Spoken at Home Other Than English:				

# **Parent Information**

Father's Full Name	Mother's Full Name		
Home Address (If different than students)	Home Address (If different than students)		
Father's Cell Phone Number	Mother's Cell Phone Number		
Father's E-Mail Address	Mother's E-Mail Address		
Siblings (Please list all siblings who also attend Qu	ba Islamic School)		
Name	Grade	Date of Birth	
Name	Grade	Date of Birth	

<sup>\*</sup>Kindergarten is for children who will turn five (5) years of age on or before September 1, 2024. If your child's 5th birthday is on or before this date, you should enroll him/her in Kindergarten

# REQUIRED IMMUNIZATIONS

## **MANDATORY FOR ALL INCOMING KINDERGARTEN and SEVENTH GRADE STUDENTS**

Please note that every year we are required to report our students' immunization records to the Department of Health. It is mandatory for all parents to make sure that their child's vaccinations are up to date and on schedule. Below is a chart with the required vaccinations, please review it and submit an updated immunization card to the front office by the beginning of the school year.

## Guide to Immunizations Required for School Entry Grades TK/K - 12

VACCINE	<b>4-6 Years Old</b> Elementary School at Transitional KG/KG and Above	<b>7-17 Years Old</b> Elementary or Secondary School	<b>7<sup>th</sup> Grade</b> Must also meet requirements for ages 7-17
Polio (OPV or IPV)	<b>4 doses</b> (3 does OK if one was given on or after 4 <sup>th</sup> birthday)	4 doses (3 doses OK if one was given on or after 2nd birthday)	1 dose of Tdap (Or DTP/DTaP given on or after the 7th birthday.)
Diphtheria, Tetanus, and Pertussis	5 doses of DTaP, DTP or DT (4 doses OK if one was given on or after 4 <sup>th</sup> birthday)	4 doses of DTaP, DTP, DT, Tdap, or Td  (3 doses ok if the last dose was given on or after 2nd birthday. At least one dose must be Tdap or DTaP/DTP given on or after 7 <sup>th</sup> birthday for all 7 <sup>th</sup> -12 <sup>th</sup> graders.)	2 doses of MMR or any measles-containing vaccine (Both doses given on or after 1st birthday.)
Measles, Mumps, and Rubella (MMR or MMR-V)	2 doses (both given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)	1 dose (Dose given on or after 1st birthday. Mumps vaccine is not required if given separately.)	
Hepatitis B (Hep B or HBV)	3 doses		
Varicella (chickenpox, VAR, MMR-V, or VZV)	1 dose	1 dose for ages 7-12 years. 2 doses for ages 13-17 years.	



# Parent Request for Copy of Cumulative Records

#### ATTN School Registrar,

My child has enrolled, or intends to enroll, at Quba Islamic School. Please forward all the following records of the student listed below.

- Grades and any grades in progress (if applicable)
- Cumulative folder, including pertinent information.
- Health records, including certificate of immunization.
- Attendance and behavior records.
- Test results (mental, reading ability, achievement, etc.)
- IEP/Psych folder

If you have any questions, please contact:

Quba Islamic School ATTN: Office Manager 1127 Otterbein Ave

Rowland Heights, CA 91748 Phone: 909-620-5297

info@qubais.org

Student Name:	Birth Date:	
Parent / Legal Guardian Name (Please Print):		
Parent / Legal Guardian Signature:		
Date:		





## PAYMENT SCHEDULE 2025 - 2026

#### **Annual Fees**

Supply & Material Fee \$200.00 Books & Technology Fee \$200.00 **Testing Fee** \$100.00 Graduation Fee (K, G6, G8) \$50.00 New Enrollment Fee \$100.00 **Monthly Tuition** \$625.00

Monthly Security Fee \$25.00/Family School Activities/Events \$125/Family

Monthly Tuition is due by the 5th of each month.

Late Payment Fee: A late payment fee of \$25.00 will automatically be charged for ANY late payments made after the 5th of each month.

August	By 08/05/2025
September	By 09/05/2025
October	By 10/05/2025
November	By 11/05/2025
December	By 12/05/2025
January	By 01/05/2026
February	By 02/05/2026
March	By 03/05/2026
April	By 04/05/2026
May	By 05/05/2026



#### **QIS Financial Agreement**

### **Student Name(s):**

Parent/Guardian Name(s):

Academic Year: 2024-2025

This agreement outlines the financial responsibilities of the parent(s)/guardian(s) of the above-named student(s) for the payment of tuition and fees at Quba Islamic School for the academic year 2024-2025. By signing this agreement, the parent(s)/guardian(s) agree to the following terms and conditions:

#### 1. Tuition and Fees:

Total Annual Tuition: \$6250

• Registration Fee: \$100 (New Enrollment only)

Books and Technology Fee: \$200Supply and Material Fee: \$200

• Testing Fee: \$100

• Graduation Fee for Kindergarten, Grade 6 and Grade 8: \$50

#### 2. Payment Schedule:

• Monthly Payment: \$625

• Payment Due Date: The 1st. of each month

• First Payment Due: 8/1/2024

#### 3. Payment Methods:

Payments can be made through JupiterEd, or at the office by cash or check. Checks must be made payable to ICSGV. All payments must be received by the 5th of the month to avoid late fees.

#### 4. Late Fees:

- Tuition payment is due by the 1st of each month. There is an incurred late fee charge of \$25.00 for all payments submitted after the 5th. This late fee is doubled after the 10th of the month and the student will not be allowed in class if the tuition is not paid in full including the late fees after the 15th of the month.
- Repeated late payments may result in additional penalties and/or restrictions on access to school services, including report cards.

#### 6. Refund Policy:

• Registration fees are non-refundable.

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

7.	Agr	eement	to	Pav:

By signing this agreement, the parent(s)/guardian(s) acknowledge and accept their responsibility to pay the tuition and fees as outlined above. Failure to comply with this agreement may result in no entry to school until all outstanding balances are paid in full.

Acknowledgm
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I,	I, the undersigned, have read and understand the terms and conditions	of this	financial	agreement.	I agree to	) abide
by	by the terms set forth above.					

Signature:	Date:	
School Representative Name:		
School Representative Signature:		Date:



## Individualized Education Program (IEP) Disclosure Form

Dear Parent/Guardian,

	est possible educational environment, please complete the following form regarding your child's educational istory.					
Failure to	Failure to disclose accurate information may result in the termination of your child's admission.					
Student I1	<u>nformation</u>					
• St	udent's Full Name:					
• Da	ate of Birth:					
• G <sub>1</sub>	rade Applying For:					
IEP Discl	<u>osure</u>					
1. De	oes your child have an Individualized Education Program (IEP)?					
	○ □ Yes					
	$\circ  \Box \ \mathrm{No}$					
2. If	yes, please submit the following documentation with this form:					
	<ul> <li>Copies of all IEP assessments.</li> </ul>					
	<ul> <li>Academic performance reports related to the IEP.</li> </ul>					
	<ul> <li>Behavioral records related to the IEP.</li> </ul>					

## Acknowledgment

By signing below, I acknowledge that the information provided is accurate to the best of my knowledge. I understand that failure to disclose my child's IEP or withholding any relevant documentation may result in the termination of my child's enrollment or expulsion.

Parent/Guardian Name (Printed):	
Parent/Guardian Signature:	
Date:	
Contact Information (Phone/Email):	

Please return this completed form along with your admissions packet.

Thank you for your cooperation in ensuring we provide the best support for your child.