



# MIFTAAHUL ULOOM

FAITH - ACADEMICS - COMMUNITY

An accredited Toddler to 12th grade Islamic School

Miftaahul Uloom Academy  
501 15th Street  
Union City, NJ 07087  
Phone: 201.223.9920  
Fax: 201.223.9921  
info@muanj.org  
www.muanj.org

## Upper Elementary & Middle School 4<sup>th</sup> – 8<sup>th</sup> Admission Information

As Salaamu Alaikum Dear Prospective Families,

Welcome to Miftaahul Uloom Academy's (MUA) Upper Elementary and Middle School Program, serving students from 4<sup>th</sup> – 8<sup>th</sup> grades. Some of the unique benefits of attending MUA are:

- ❖ MUA prepares students for success by providing an environment that focuses on **academics, character-building and value-based education**. In addition to rigorous academic courses in English, Math, Science and History, courses in Quran, Islamic Studies, and Arabic are taught in an environment that is positive and nurturing. These classes are taught by devoted, experienced, and highly qualified teachers in classrooms with low teacher to student ratios.
- ❖ MUA students are **blessed to begin each school day** with recitation of the Holy Quran and morning supplications in grade level halaqas (learning circles). The blessings continue with students performing congregational Zuhr and Asr prayers. Students also attend Jumua prayers, where the khutbah is in English and relevant to the student body.
- ❖ MUA is blessed to have a **school building** with large, well-lit classrooms prepared with professional Montessori materials, a full-size gymnasium, stage for performing arts, large cafeteria, secure outdoor space and a computer room.
- ❖ MUA offers **rich programs** including visual and performing arts, field trips and After school Enrichment Program, Quran memorization and Sports. These activities are equally important to growing children, enabling them to develop and refine skills, such as team building.
- ❖ Many exciting opportunities for **parental & family involvement** including family breakfasts, evening family activity nights, and parent workshops.

**Attached is more information on the MUA admission process including requirements, forms and fees. The application form and required fees initiate the new admission process. Please do not hesitate to call if you have any questions.**

Best Regards,  
Yusuf Jaaber  
School Principal

#### NOTICE OF NON DISCRIMINATORY POLICY AS TO STUDENTS:

Miftaahul Uloom Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of gender, race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.



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## Registration for 2019-20 Academic Year

Registration for the 2019-2020 academic year will begin **February 23<sup>rd</sup>**. Below, you will find the school's fee schedule required to reserve a seat for your child. **The New Student Application Fee and the Resource Fee are due at the time of submitting the Admission's application.**

Grade Level	New Student Application Fee	Resource Fee (once a year)	Technology Fee (monthly)	Full Year Tuition
Upper Elementary 4 <sup>th</sup> - 6 <sup>th</sup> Grade	\$100	\$225	\$20	\$6200
Middle School 7 <sup>th</sup> - 8 <sup>th</sup> Grade	\$100	\$275	\$25	\$6350

**TUITION AND FEES:** All tuition and fees will be paid online via Teacherease. Tuition can be paid through several payment options:

- One-Time: payment of the entire tuition amount can be paid in full in September
- Semi-Annually: tuition payments can be made twice a year; the first payment in September and the second payment in January
- Quarterly: tuition payments can be made four times a year; the first payment in September and the second payment by November 15<sup>th</sup>, the third payment by February 1<sup>st</sup>, and the final payment by April 15<sup>th</sup>
- Monthly: tuition payments can be arranged to be paid at the beginning of each month

**FINANCIAL AID:** Parents requesting financial assistance must contact the county office for NJ Cares for Kids (NJCK). NJCK provides subsidized childcare vouchers for working families meet the guidelines mandated by the state of New Jersey. If you qualify then this childcare subsidy through the NJCK Program will assist you to pay for childcare for toddlers, preschool-age children, and school-age children up to age thirteen (13). Please contact the following agencies according to your county:

- Hudson County: Urban League of Hudson County
- Passiac County: 4Cs of Passiac County
- Essex County: Program for Parents
- Union County: Urban League of Union County
- Bergen County: Bergen County Office for Children

**MUA SCHOLARSHIP:** Parents requesting a partial scholarship must contact MUA Board directly at [mua-board@muanj.org](mailto:mua-board@muanj.org) to receive a copy of the scholarship policy and to complete the application process before applying through TADS Financial Aid Management System that can be found on our website. Students will qualify for the MUA Scholarship will be based on academic achievement and student merit.



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## Admission Requirements and Process Checklist

Thank you for applying to our school. Your child’s registration will be complete after the following forms and documents have been submitted to the office, particularly all types of state required immunization. This application process is a request for admission and does not guarantee acceptance.

<b>Student Name:</b>	<b>Grade:</b>	<b>Date of Birth:</b>	<b>Date:</b>
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Required Documents to be Submitted for Admission Process	Office Use Only
Admission Application (Completed and Signed)	
New Student- \$100 applicant fee (non-refundable)	
Resource Fee (Non-refundable)	
Copy of Birth Certificate	
Copy of a Second form of identification	
Previous/Current School Record Release Form	
Most recent Academic Report Card/Standardized Test Scores	
Tuition Payment Policy	
Legal Custody Document (if applicable)	
Emergency Contact Information Sheet	
Attendance Policy	
Probation Policy	
Media Consent Form	
Open Permission Slip	
Lunch Program Application Form	
Transportation Reimbursement application (if applicable)	
Up-to-date Immunization Records	
Yearly Physical Exam Form (completed between June 1st- August 20 <sup>th</sup> )	
Universal Child Health Form (completed with Yearly Physical Exam)	
Authorization to ‘Administer Medication in School’ Policy (if applicable)	
Interview conducted by the Principal/Teacher for final approval	



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## New Student/Transfer Student Admission Requirements

### Upper Elementary & Middle School (4<sup>th</sup> – 8<sup>th</sup> Grade)

- ❖ All academic and school records must be received to ensure enrollment at our school.
- ❖ Students must have a minimum average of 70% in Math, English, Writing, Quran, Islamic Studies, and Arabic, as demonstrated by their previous school records.
- ❖ Quran, Arabic, and Islamic Studies: Students who are coming from schools where these subjects are not taught must demonstrate their knowledge in each of these subject areas to be considered for admission.
- ❖ Writing Sample: A handwritten essay detailing reason for seeking admission and detailing academic achievements, Islamic identifying behaviors, community service and career goals.
- ❖ Assessment /placement test conducted by teacher of their program.
- ❖ Probation- All new students are on probation for their 1<sup>st</sup> full marking period and may be dismissed from the Academy at any time therein for valid academic or disciplinary reasons. New students must maintain a minimum 70% grade average in all subjects and have no out-of- school suspensions in order to receive final acceptance to the Academy.

**Final acceptance to the program will be based on prior school records including IEP accommodations, assessment/placement test administered by Miftaahul Uloom and the recommendation of the director of enrollment. Based on the recommendation of the director of enrollment and the review of all documents and assessments, the school principal will make the final decision on admissions. Submission of the admissions application, required documents and resource fee does not guarantee enrollment. The Resource fee is only refundable if Miftaahul Uloom Academy does not accept your child into the program.**



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## 4<sup>th</sup> – 8<sup>th</sup> Grade Student Application 2019-20

<b>First Name:</b>			<b>Last Name:</b>		
Date of birth:		Age as of Oct. 1st:		Toddler: <input type="checkbox"/> Pre-School: <input type="checkbox"/> Pre-K: <input type="checkbox"/>	
				KG: <input type="checkbox"/> 1st: <input type="checkbox"/> 2nd: <input type="checkbox"/> 3rd: <input type="checkbox"/>	
Gender: M__F__	Religion:		<b>Place of Birth:</b> (City & State/Country)		
Current address:					
City:		State:		Zip Code:	
Home phone:		Primary language spoken at home:			
<b>Name of Previous School (New/Transfer Student):</b>					
City:		State:		ZIP Code:	
<b>Parent's Information</b>					
<b>Father's Name: (First)</b>			<b>(Last)</b>		
Home Address:					
City:		State:		Zip Code:	
Email:		Home Phone:		Cell Phone:	
Occupation:		Employer:		Business Phone:	
Religion:		Nationality:		Language(s) Spoken:	
<b>Mother's Name: (First)</b>			<b>(Last)</b>		
Home Address:					
City:		State:		Zip Code:	
Email:		Home Phone:		Cell Phone:	
Occupation:		Employer:		Business Phone:	
Religion:		Nationality		Language(s) Spoken:	



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## 4<sup>th</sup> – 8<sup>th</sup> Grade Student Application 2019-20 (cont.)

Marital Status: Married\_\_\_\_ Separated\_\_\_\_ Divorced \_\_\_\_ Widowed\_\_\_\_

How did you hear about Miftaahul Uloom Academy?

Were you referred by someone? Yes \_\_\_No\_\_\_ If yes, by whom?

With whom does the child reside:

Number of Children living in family:

### Student's Academic & Personal Profile

School last attended:

Grade Completed:

Was the previous school? Public \_\_\_Private\_\_\_Islamic School \_\_\_Charter \_\_\_Home School \_\_\_

Has student attended a full time Islamic School: Yes\_\_\_No\_\_\_

If yes, when/where?

Has student ever had any disciplinary problems, been suspended or expelled from school? Yes \_\_\_No\_\_\_

If yes, explain briefly:

Did student ever repeat a grade or have serious academic, behavioral, or emotional difficulties? Yes \_\_\_No\_\_\_

If yes, explain briefly:

Did student receive any additional services? Yes \_\_\_No\_\_\_

If yes, explain briefly:

What are your goals/reasons for enrolling your child in Miftaahul Uloom Academy? Explain briefly.



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## Student's Academic & Personal Profile

### Language Arts

Knowledge of Arabic (Speaking):	Excellent __	Fair __	Poor __	None __
Knowledge of Arabic (Writing):	Excellent __	Fair __	Poor __	None __
Knowledge of Arabic (Reading):	Excellent __	Fair __	Poor __	None __

### Islamic Studies

Knowledge of Wudu (Ablution):	Excellent __	Fair __	Poor __	None __
Knowledge Salat (Daily Prayers):	Excellent __	Fair __	Poor __	None __

Has the student memorized Surah's from the Holy Quran: Yes \_\_No\_\_If yes, How many: \_\_

### Medical Information

**You are required to complete the Student's Physical form attached and provide an up to date immunization record. If the student has any medical problem, allergies, or requires daily medication, you are to provide the school with medical documentation(s).**

Primary Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Does student have a medical problem? Yes \_\_No\_\_If yes, explain briefly: \_\_\_\_\_

Does student have any allergies? Yes \_\_No\_\_If yes, please list: \_\_\_\_\_

Is student on daily medication? Yes \_\_No\_\_If yes, please list: \_\_\_\_\_

**The State of New Jersey requires all schools to have written authorization for emergency medical care only in the event that your child needs immediate attention.**



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## PARENTAL AGREEMENT

- ❖ I will familiarize myself with school rules and policies and require my child to follow them at all times.
- ❖ I will fulfill all financial agreements including tuition payments by the 5<sup>th</sup> and/or late fees as required.
- ❖ I give the school authorization for immediate medical care only in the event that my child needs immediate attention.
- ❖ I will update the school with any changes with the information provided on the application.
- ❖ I understand that the application and resource fee must be paid at the time of registration and it is non-refundable if you decide to not to accept the admission offer.
- ❖ I understand that tuition is a yearly obligation. I understand I may pay the tuition in full or may pay as part a payment plan.
- ❖ I have read and accept all admission requirements for the Montessori Program.
- ❖ I understand that the school uses electronic mail as a primary venue for communication with parents and will use the email address listed above to contact me regarding important school-related information.

**By signing below, I accept and agree to all Miftaahul Uloom terms and policies. Application must be signed for student to be eligible for enrollment.**

Parent Signature:

Date:

Parent Signature:

Date:





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## TUITION PAYMENT POLICY

To preserve the best interests of the students and MUA as an institution, student registration for the 2019-2020 school year is with the understanding that the **parent/guardian is committed to paying the yearly tuition in full, regardless if their child attends the entire year or not.** Student records will not be released until all financial obligations have been met.

**PAYMENT PLANS:** Tuition can be paid through several payment options:

- One-Time: payment of the entire tuition amount can be paid in full in September
- Semi-Annually: tuition payments can be made twice a year; the first payment in September and the second payment in January
- Quarterly: tuition payments can be made four times a year; the first payment in September and the second payment by November 15<sup>th</sup>, the third payment by February 1<sup>st</sup>, and the final payment by April 15<sup>th</sup>
- Monthly: tuition payments can be arranged to be paid at the beginning of each month

**TUITION AND FEES:** All tuition and fees will be paid online via Teacherease.

- All tuition payments are due on the 3<sup>rd</sup> day of each month
- A \$50.00 late fee will be added to all newly issues invoices is payments are not received by the 10<sup>th</sup> of each month. The late fee will be waived if arrangements for a later payment were approved by the Business Manager before the 10<sup>th</sup> of the month
- If Tuition is unpaid for 30 days, students will not be allowed to attend classes until payment is made in full
- All past due and unpaid tuition invoices will be reported to a Collection Agency unless payment arrangements are made in person with the school Business Manager

**Our intention is to make sure that MUA is fiscally sound and can continue to serve our community and offer the best academic and Islamic education to our children. We appreciate your cooperation and continuous support of the school.**

**By signing below, I understand and accept Miftaahul Uloom Academy's tuition policy.**

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



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## Custody Requirements (Separated, Divorced, Legal Guardians)

**If you checked Separated, Divorced, or Legal Guardian on the registration application, then please read and complete the following,**

If you are legally separated or divorced, the law requires you to provide Miftaahul Uloom Academy with a copy of the child custody order or decree indicating full or joint (shared) custody and indicate the residential parent for school purposes. These papers must be court stamped and include the signature page. Also, whenever there is a modification of the order or decree, the custodial parent/guardian shall provide the school with a copy of the order or decree that makes the modification. The order should be included with this form.

I am the child's legal guardian.

I have legal full or joint (shared) custody of the child as assigned by the courts.

I do not have full or joint (shared) custody of the child as assigned by the courts.

**Explanation:** \_\_\_\_\_

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

I have read and understand the above notice.

Print Parent/Guardian Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Emergency Contact Information

### Authorization for Immediate Care & Pick-Up Authorization

We are required to have written authorization from the parent on who can be reached in case of an emergency. The State of New Jersey also requires all schools to have written authorization from the student's parent(s) for emergency medical care (**in the event that your child needs immediate attention**). **Primary Physician contact information is required for our Emergency Immediate Care Protocol.**

### Student's Information

Name: (First):		(Last)	
Current address:			
City:		State:	Zip Code:
Primary Physician's Name:		Primary Physician's Phone:	
Primary Physician's Address:			

### Alternate Individuals for Pick-up

Name	Relationship	Telephone #	Second Phone #
1.			
2.			
3.			

### Alternate Emergency Contact

Authorized persons for emergency contact, if we are unable to reach both parents.

Name	Relationship	Telephone #	Second Phone #
1.			
2.			
3.			

I, \_\_\_\_\_ authorize the person(s) above as pick-up/and or emergency contacts.  
(First and Last Name)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*If changes are to be made to the above information, parent/guardian must communicate changes in writing and submit to the main office. \*\***



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## Attendance Policy

Dear Parents/Guardians:

Please be informed that your child's attendance at Miftaahul Uloom Academy is very important. We are concerned about compliance with the New Jersey State Laws and the safety of your child. If your child is going to be absent, we ask that you call our school to notify us **BEFORE 8:00 AM**, and also provide the reason.

Additionally, according to New Jersey State Law, if your child is out for more than three consecutive days, you must provide a medical note from your child's primary physician.

Please sign that you understand that you are required to provide documentation from your child's primary physician for three consecutive days or more that your child has not been present at school. **Your child may not be promoted if unexcused absences exceed 18 days.**

Print Name of Child: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Probation Policy

Dear Parents/Guardians:

There is an 8-week probation period for all students at the beginning of his/her enrollment at Miftaahul Uloom Academy. Anyone enrolling during the school year, the probation period will be for 4 weeks.

At the end of the probation period, an evaluation will be provided to report on the progress of the student. It will be then confirmed whether the school is a good fit for the student's emotional or/and academic needs.

Student Name: \_\_\_\_\_

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

Date: \_\_\_\_\_



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**Media Consent Form**  
**PHOTOGRAPH, FILM, OR VIDEO TAPE A STUDENT FOR NON-PROFIT USE**  
(e.g. educational, public service, or health awareness purposes)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby  consent  do not consent: to the participation in interviews, the use of quotes, and the taking of photographs, movies, or video tapes of the Student name above by Miftaahul Uloom Academy.

I also  give permission  do not give permission to Miftaahul Uloom Academy the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release Miftaahul Uloom Academy and its school's representatives and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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## Open Permission Slip (Including Transportation)

I \_\_\_\_\_ (Parent/ Guardian name) hereby give my permission for \_\_\_\_\_ (Child's name) to leave school premises for educational purposes including but not limited to the school neighborhood, walks to park, etc., for the entire duration of his/her enrollment at our school.

I absolve Miftaahul Academy and Union City Authorities from all responsibilities and liabilities, knowing that all necessary precautions will be taken for the safety of all children.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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## Transportation Reimbursement

If you live in one of the following towns listed below and your child is 5 years old or older, please request a B6T form (North Bergen and Jersey City have their own form). Please specify if you reside in North Bergen or Jersey City, so that we may provide you with the appropriate form.

The following towns **DO** reimburse for transportation:

Belleville	Haledon	New Brunswick	Springfield
Bloomfield	Hawthorne	New Milford	Teaneck
Clifton	<b>*Jersey City*</b>	<b>*North Bergen*</b>	Tenafly
East Hanover	Linden	Paramus	Totowa
Edgewater	Little Falls	Paterson	Union/Vaux Hall
Elizabeth	Little Ferry	Plainfield	Waldwick
Elmwood Park	Lyndhurst	Rahway	Wayne
Englewood	Maywood	River Dell	West Caldwell
Essex Fells	Montclair	Roseland	West Essex
Fairfield	Montville	Saddle Brook	West Orange
Florham Park	Moonachie	Secaucus	Woodland Park
Garfield	Morristown	Somerset	
Glen Ridge	Newark	South Orange	

**Form available in office and our website**

\*Please note: North Bergen and Jersey City have their own form. All others use the B6T form.\*

The following towns **DO NOT** reimburse for transportation:

Bayonne	Hackensack	New Brunswick	Roselle
Bogota	Harrison	North Arlington	Rutherford
Carlstadt	Hasbrouk Heights	Nutley	Union City
Cliffside Park	Hillside	Orange	Wallington
Dumont	Hoboken	Palisades Park	Weehawken
East Newark	Irvington	Piscataway	West New York
East Orange	Kearny	Ridgefield	Wood- Ridge
East Rutherford	Lodi	Ridgewood	





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## **Immunization Records and Yearly Physical Examination**

**Yearly Physical must be done no earlier than June 1<sup>st</sup> and no later August 20<sup>th</sup>**

Dear Parents,

Miftaahul Uloom Academy is required by the State of New Jersey to have all students' medical records current. In accordance to State of New Jersey, Department of Health, the child is not allowed to enter school until he/she has provided a copy of the immunization/ vaccination records and a recent physical. **We have attached a Universal Child Health Record form and Our School's Physical Form for your child's physician to complete when conducting physical examination.**

Please provide our office with necessary documentation showing that vaccination shots are up to date and a recent physical was administered by your child's primary physician. Below are requirements enforced by Department of Health for specific age groups; please review to see if your child falls into any of these categories.

- **All new and returning students** are required to provide up to date immunization records and a recent physical from their primary physician.
- **All new students and students who are returning from overseas** must be administered a PPD test (Mantoux test-tuberculosis sensitivity testing) and provide results to the school.
- **All students entering grade Six** must have proof of Tdap and Menactra (meningococcal) vaccine prior to entering sixth grade. Every child born on or after January 1, 1997, and entering or attending grade six, shall have received one dose of Tdap (Tetanus, diphtheria, acellular pertussis).
- **If your child needs medication to be administered** during school hours, you must provide the Request to administer Medication in school form to the school. The child's physician must complete form with child's name, amount of dosage, time to be given, method of administration, and any additional instructions. Please note each new medication requires a form to be completed.
- **Allergies, asthma, or pre-existing medical conditions** should be documented on the child's medical file and a copy must be given to the school.
- **If your child needs an epi-pen for severe allergic reactions**, you must provide one to the school to be kept on school grounds for emergencies. In order for the school to administer, an order should be provided with the medication.

**Please be advised that these rules and regulations are mandated by the Department of Health of New Jersey-N.J.A.C 8:57-4. The school is required by law to adhere to these regulations to avoid any violations. For any questions or concerns, please contact the main office.**

*Sincerely,  
Mary Ann Lettich, School Nurse*



# MIFTAAHUL ULOOM

FAITH - ACADEMICS - COMMUNITY

An accredited Toddler to 12th grade Islamic School

Miftaahul Uloom Academy  
501 15th Street  
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www.muanj.org

## Instructions for Completing the Universal Child Health Record (CH-14)

### Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

### Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860.

- The Immunization record must be attached for the form to be valid.
- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

- a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at [www.nj.gov/health/forms/ch-15.dot](http://www.nj.gov/health/forms/ch-15.dot) or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

- b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

*Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.*

- c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.
  - d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.
  - e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at [www.pacnj.org](http://www.pacnj.org) or by phone at 908-687-9340.
  - f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.
  - g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.
  - h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.
4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
    - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
    - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
    - Scoliosis screenings are done biennially in the public schools beginning at age 10.
- This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.
5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
    - Print the health care provider's name.
    - Stamp with health care site's name, address and phone number.



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## UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter  
 New Jersey Academy of Family Physicians  
 New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) _____ (First) _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth _____ / _____ / _____	
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier _____			
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
Signature/Date _____				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination: _____			Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Abnormalities Noted: _____			Weight (must be taken within 30 days for WIC)		_____
			Height (must be taken within 30 days for WIC)		_____
			Head Circumference (if <2 Years)		_____
			Blood Pressure (if ≥3 Years)		_____
<b>IMMUNIZATIONS</b>			<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____		
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> <i>I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.</i>					
Name of Health Care Provider (Print) _____			Health Care Provider Stamp: _____		
Signature/Date _____					



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## STUDENT PHYSICAL FORM- PART 2

FOR GRADES PRE-K THROUGH 12<sup>TH</sup>

All students attending Miftaahul Uloom Academy are required to have a physical examination. Please arrange for the necessary examination with your child's physician and return this completed form with the universal health record form to the main office.

Name (First): \_\_\_\_\_ (Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Vision:** Eyes: Lids \_\_\_\_\_ Conjunctiva \_\_\_\_\_ Pupils \_\_\_\_\_

Vision Without Correction: Right 20/ \_\_\_\_\_ Left 20/ \_\_\_\_\_

Vision With Correction: Right 20/ \_\_\_\_\_ Left 20/ \_\_\_\_\_

Far		Near	
R	L	R	L

1000      2000      4000      5000

<b>Hearing:</b>	RIGHT				
	LEFT				

**Canal:** \_\_\_\_\_

**Eardrum:** \_\_\_\_\_

**Physical Examination:** O- Indicates Normal OX- Indicates Abnormal

Speech \_\_\_\_\_ Skin \_\_\_\_\_ Teeth \_\_\_\_\_  
 Nasal Passages \_\_\_\_\_ Throat \_\_\_\_\_ Tonsils \_\_\_\_\_ Thyroid \_\_\_\_\_  
 Neck \_\_\_\_\_ Heart \_\_\_\_\_ Thorax \_\_\_\_\_  
 Lungs \_\_\_\_\_ Abdomen \_\_\_\_\_ Breasts \_\_\_\_\_  
 Rectal \_\_\_\_\_ Hernia \_\_\_\_\_ Genitalia \_\_\_\_\_ Menses \_\_\_\_\_  
 Orthopedic: Posture \_\_\_\_\_ Spine \_\_\_\_\_ Feet \_\_\_\_\_ Extremities \_\_\_\_\_

### TB TESTING INFORMATION FOR POSITIVE RESULTS:

Positive \_\_\_\_\_ Induration \_\_\_\_\_ mm

Chest X-Ray Date: \_\_\_\_\_ Results: \_\_\_\_\_

Medication (if prescribed): \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Finished \_\_\_\_\_

### Immunizations Record:

Please check if the immunization record is up to date and a copy is attached with physician's stamp.  
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Healthcare Provider Name/ Address/Phone (Please print and/or stamp):**

Healthcare Provider Signature: \_\_\_\_\_

Date of Exam: \_\_\_\_\_



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## "Administration of Medication in School Policy"

Dear Parent or Guardian:

We discourage the administration of medication in school setting and request that whenever possible medications are scheduled during non-school hours. However, if your physician has decided it necessary for your child to receive medication during the school day, it is required that your physician complete the "Parent request to administer medication in school" and provide instructions on administration of medication. The completed document, with both physician and parent signature, must be returned to the school nurse. Our school nurse must receive final consent from the school principal for administration of medication.

It is recommended the first dose of medication be administered at home.

Send the medication(s) to the school nurse in the original bottle, including the current prescription label on the container. In addition, upon request, pharmacies have empty containers for your use. Please check that the label is correct.

**You may obtain the request form from the school nurse or main office.**

Please complete the consent below and attach the "Parent Request to Administer Medication in School" document in order for the medication to be administered.

\_\_\_\_\_  
Student Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

I/We authorize the school nurse or in his/her absence, the Principal or an authorized staff member of Miftaahul Uloom Academy to administer the medication as indicated by the child's physician. I/We understand and agree that the school, the school nurse, and any authorized staff member administering the medication shall not be liable for any injury to the student resulting from administration of the medication as authorized by signature below.

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

### School Use Only:

Person receiving the consent must sign and enter the date when document was received.

\_\_\_\_\_  
School Nurse/Authorized Employee

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date