



With G-d's Name, the Merciful Benefactor, the Merciful Redeemer

Clara Muhammad School of Masjid Khalifah
Elijah Muhammad J.H.S.
1174 Bedford Avenue
Brooklyn, NY 11216

Tel. #: (718) 783-1279 · Fax #: (718) 783-3308

Website: www.cmsbrooklyn.org



Office Use Only
2013-14 School Year

Grade: _____

REGISTRATION FORM

Student's Information

Student's First Name: _____ Middle Name: _____ Last Name: _____

Student's Birth Date: _____ Sex: Male Female

Student's Address _____ City _____

State _____ Zip Code _____ Apt/Suite# _____

Parent/Guardian Contact Information

Mother's Name _____

Number(s) () _____ () _____ () _____
(Mother) Home Cell Work

Father's Name _____

Contact Number(s) () _____ () _____ () _____
(Father) Home Cell Work

Guardian's Name _____

Contact Number(s) () _____ () _____ () _____
(Guardian) Home Cell Work

Emergency Contact Information

Name _____ Relationship to Student _____

Address _____ City _____ State _____ Zip _____

() _____ () _____ () _____
Home Cell Work

List Other Siblings

Name: _____ Age: _____ School Attending: _____

Name: _____ Age: _____ School Attending: _____

Name: _____ Age: _____ School Attending: _____

Name: _____ Age: _____ School Attending: _____

"Achieving Moral and Educational Excellence"



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PARENTAL PERMISSION SLIP

STUDENT'S NAME: _____

CLASS: _____

1. **Physical Education**: I hereby give my child permission to participate in the physical education program at Clara Muhammad School of Masjid Khalifah. I understand that this may include dance. My child is in good physical condition, and he/she may participate without restrictions.

Parent's or Guardian's Signature

Date

2. **Trips**: With the understanding that common sense measures are taken to assure the safety of children, I authorize my child to take part in school sponsored excursions throughout the school year. I understand that I will not be sent a separate permission slip for each excursion but shall be notified of all trips and at that time have the right to exempt my child from participating in said trip.

In-School Activities: Also, with the understanding that common sense measures are exercised to assure the safety of children, I authorize my child to engage in in-school activities. Every precaution will be taken to safeguard the children on excursions, as well as in other activities, but the school cannot assume responsibility for possible accidents.

Parent's or Guardian's Signature

Date

Note: Each appropriate section must be signed for your child to participate in physical Education, to go on trips and /or participate in school activities.

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PARENT OR GUARDIAN/STUDENT CONTRACT

As the parent/guardian of _____, I hereby agree to pay my financial obligation to the Clara Muhammad School of Masjid Khalifah on the due date. I understand that it maybe necessary to withdraw my child if proper arrangements are not made on a past due account.

I will uphold the standards of the school and do not condone my child using illegal drugs, tobacco products or alcoholic beverages. I will not tolerate profanity or obscenity in words or actions, dishonor G-d, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school (see disciplinary procedures).

As a partner with the Clara Muhammad School of Masjid Khalifah, in educating my child, I will uphold and support the high academic standards of the school and I will encourage my child to complete any/all school based activities, class work, homework, project and community service, etc.).

I agree to volunteer my services to the Clara Muhammad School of Masjid Khalifah at least ten (10) hours per school year (1 hour per month). I will be an advocate of any fundraising activities to help promote the school and lend any resources possible towards a fundraising cause.

I acknowledge that Clara Muhammad School of Masjid Khalifah reserves the right to enforce appropriate standards conduct and that Clara Muhammad School of Masjid Khalifah may dismiss immediately, without refund, any student who falls to comply with the established regulations.

My signature below affirms that I have read and am in agreement with the above stated policies.

Parent's or Guardian's Signature

Date

STUDENT

I, _____, hereby agree to love myself, honor the Creator, and respect my parents, teachers, and all adults. I will put the maximum effort forward for any task and with the Creator's help meet all challenges head on. I will provide assistance to those in need and take good advice when given.

I understand that my parent/guardian will uphold the standards of the Clara Muhammad School of Masjid Khalifah as mentioned in the "Disciplinary Procedures." If I am in discourse with any of my peers, I will notify a staff member immediately, to receive conflict mediation. I am clear that the best conduct is expected of me. So my actions should b reflective of all good expectations.

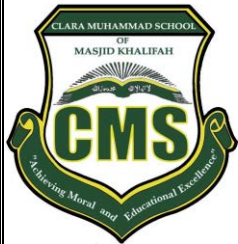
Clara Muhammad School of Masjid Khalifah expects upright moral conduct and I will be an executor of morality. I will be sharing and caring towards my classmates, my parents and the general school body.

I have read and fully understand this agreement and will follow it injunctions through my behavior and overall performance.

Student's Signature

Date

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Student's Grade

2012-13

Student Contact Information Form

Student's Information

Student's First Name: _____ Student's Last Name: _____

Student's Birth Date: _____

Student's Address _____ City _____

State _____ Zip Code _____ Apt/Suite# _____

Parent/Guardian Contact Information

Mother's Name _____

Number(s) () _____ () _____ () _____
(Mother) Home Cell Work

Father's Name _____

Contact Number(s) () _____ () _____ () _____
(Father) Home Cell Work

Guardian's Name _____

Contact Number(s) () _____ () _____ () _____
(Guardian) Home Cell Work

Emergency Contact Information

Name _____ Relationship to Student _____

Address _____ City _____ State _____ Zip _____

() _____ () _____ () _____
Home Cell Work

Name _____ Relationship to Student _____

Address _____ City _____ State _____ Zip _____

() _____ () _____ () _____
Home Cell Work

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TUITION REFUND AND CANCELLATION POLICY

Registration Deposit: A non-fundable registration deposit is required for all prospective students in the amount of \$100.00.

Refund Policy

Parents of students accepted into the *Clara Muhammad School of Masjid Khalifah/Elijah Muhammad JHS* ("CMS/EMJHS") are obligated to pay the entire year's tuition and fees regardless of whether the child is expelled, forced to be withdrawn because of circumstances, or if he/she does not complete the year.

Parents of prospective students who were not accepted into the *Clara Muhammad School of Masjid Khalifah/Elijah Muhammad JHS* and the parents of prospective students who cancel the contract by notifying CMS/EMJHS within three business days are entitled to a full refund of all money paid except for registration fee.

Cancellation Policy

Clara Muhammad School of Masjid Khalifah/Elijah Muhammad JHS cancellation policy will be determinate based on the circumstances outlined below. Refunds of unearned prepaid tuition, fees, and other charges shall be made in the following manner within thirty (30) days of termination:

- a. If cancellation occurs within seventy-two (72) hours of enrollment day, all money paid by the parent for the prospective student shall be refunded except the registration fee.
- b. If cancellation occurs after seventy-two (72) hours of enrollment date, but before student starts school or correspondence materials are delivered, a refund shall be made of all money paid except the registration fee.
- c. If cancellation occurs after students start classes or receives materials (such as, textbooks, workbooks, etc.), a pro rata refund will be made of all unearned prepaid tuition, fees, and charges for books and supplies not issued to the student. Based on the condition of the materials received by students, these items may become the property of the student, and refunds may be made only at the discretion of the appropriate authority of CMS/EMJHS.

Payment of Refunds: Refunds will be paid within 30 calendar days of your request. To obtain a refund, you must do the following:

- Make a written request to the Administration of the Clara Muhammad School of Masjid Khalifah/Elijah Muhammad JHS; and
- The school can only pay refunds to the person from whom the funds originated.

Parent's or Guardian's Signature

Date



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DISCIPLINARY PROCEDURES

The primary responsibility for the maintenance of acceptable student conduct in all classes is with the classroom teacher. Student counseling and parent contacts are most effective when performed by the teacher. However, in those cases where the teacher feels the need for additional assistance or there is an overt act requiring immediate attention, the Principal's/Director's office will intervene.

The following behavior will **NOT** be permitted during school hours:

- Lack of attention in class
- Unnecessary talking in class
- Out of seat without permission
- Eating, chewing gum or having food in the class
- Failure to participate in class activities
- Fighting
- Defiance or authority
- Threats
- Stealing
- Defacing property
- Leaving class without permission
- Endangerment of health/safety of others
- Drugs related activity
- Under influence of drugs
- Possession of weapons

I have read the above and understand that the above conduct will **NOT** be tolerated in our school.

Parent/Guardian Signature: _____

Student Signature: _____

Date: _____



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HEALTH RECORD/EMERGENCY PERMISSION FORM

Student's First Name: _____ Middle Name: _____ Last Name: _____

Family Name (If different from above): _____

Clinic Card #:

Hospital or Medical Insurance Card #:

Please list (with date) any major illness or injury your child has had in the past month.

Please list (with date) any major illness or injury your child has had in the past month.

To the Parent or Guardian:

The policy of the school will be to contact the parent or guardian before a student sees a doctor or hospital. However, in case of emergency, or when neither the parent nor guardian can be reached, the following permission form will allow the treatment to be secured.



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SPECIAL DISMISSAL PERMISSION FORM

Name of Student: _____ Grade: _____

Parent's or Guardian's Name: _____

[] Yes, my child has permission to leave the school premises on his/her own.

[] No, my child does not have permission to leave the school premises on his/her own. Other than myself, my child may be released to the following person (s). I will report any changes in this authorization to the Administrative Office in writing.

1. Name of Alternate _____

Address _____

Telephone #: _____ Relationship: _____

2. Name of Alternate _____

Address _____

Telephone #: _____ Relationship: _____

3. Name of Alternate _____

Address _____

Telephone #: _____ Relationship: _____

BUS SERVICE

Name of Bus Driver _____

Address _____ Telephone #: _____

Name of Alternate Driver (if any) _____ Telephone #: _____

Parent's or Guardian's Signature: _____ Date: _____



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PARENTAL VOLUNTEER FORM

Dear Parents/Guardians,

We are planning many exciting programs and activities for your child this year. To ensure success and enjoyment for all, we are going to need your help. Just a little bit of your time can make a BIG difference! Please complete this questionnaire.

Parent's Name: _____ Telephone #: _____ Date: _____

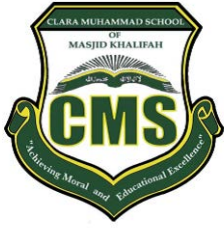
I work: at home days evenings Best time to call is _____

<p>I am interested in volunteering in the classroom. I'd like to:</p> <p>Work with individuals students. Work with small groups of students. Read to students. Listen to students read. Help with teacher's clerical work. Prepare materials. Attend field trips. Help students with dramatic performances. Help out in class with art projects. Appear as a guest speaker to: Share my professional experience. Share my travels. Share my culture. Share a talent, skill or craft. Other: _____ _____ _____</p>	<p>I am interested in helping in other areas of the school. I'd like to:</p> <p>Organize and/or participate in activities that occur during school hours. Organize and/or participate in activities that do not occur during school hours. Recruit parents, citizens and local businesses to participate in special programs. Type or do clerical work. Prepare newsletters. Prepare posters, displays etc. Do photocopying and laminating. Work in library. Photography school activities. Provide transportation for special events. Other: _____ _____ _____</p>	<p>I am interested in helping by working at home. I'd like to:</p> <p>Donate eatable itmes. Correct papers. Sew. Cut out letters. Prepare bulletin boards. Enter information on computer. Read students creative writing stories. Gather resource materials. Other: _____ _____ _____</p>
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Please tell us about your special skills, or about helpful community resources you can direct us to. We are always in need of printing services and in locating funds or donations for programs, supplies, and equipment.

Thank you for making our school a place where everyone is someone special!

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**CONSENT TO PHOTOGRAPH, FILM OR VIDEOTAPE A STUDENT FOR
NON-PROFIT USE**

(e.g.: educational, public service or health awareness purposes)

Name of Student: _____

School: **Clara Muhammad School of Masjid Khalifah/Elijah Muhammad JHS**

Class: _____

I, _____, hereby consent to the participation in
(Parent or Guardian's Name)

interviews, the use of quotes, and the taking of photographs, movies or videotapes of my son/daughter and his/her school-related work by *Clara Muhammad School of Masjid Khalifah/Elijah Muhammad JHS* and the _____.

I also grant to *Clara Muhammad School of Masjid Khalifah/Elijah Muhammad JHS* and the _____ the right to edit, use and reuse said products for non-profit purposes. I also hereby release the _____ and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Parent or Guardian's Name (Print)

Parent or Guardian's Name (Signature)

Date

(Address: Number, Street, City, State, Zip Code)