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Established 2001
NY State Corporation – Provisional Charter

APPLICATION FOR RE-ENROLLMENT

Universal School espouses the ideal of academic and spiritual excellence. Our curriculum is designed to educate the whole student by addressing development of the moral, spiritual and social qualities of each student. The school strives to instill in our students the commitment to being lifelong learners who learn, love and live their spiritual and academic experience in every aspect of their lives as community leaders, collaborators, educators and ambassadors of knowledge. Our students are being prepared to be able to share and model values of the Prophetic vision¹ as a way to become visionaries themselves.

Thank you for re-enrolling your child at Universal School. We understand how precious your children are and feel privileged that you entrust our school with your child. This packet contains the necessary forms we will need to have on file for your child. Please complete all of the information required to expedite the enrollment process:

Re-enrollment Application

- Please complete this application, sign and return it with the non-refundable fees (registration, book, science lab fees where applicable) listed on the attached tuition schedule. Please make your check payable to Universal School.
- Authorization for Student Release**
- Student and Parent Information**
- Picture Release and Pesticide**
- Text Book Request Form (K and Higher)**
- Updated Emergency Contact and Medical Information**
- After School Application (if applicable)**
- Tuition Preference Form completed and signed on the back of the page**
 - ACH
 - PTA

Updated Proof of Address (if applicable)

- If your address differs from last year, please provide an updated proof of address.

Updated Health Records (if applicable)

- Physicals are **required** for **all returning Kindergarteners, 2nd, 4th, and 7th grade students.** They may be turned in after the student has begun the school year but before December 31st.
- For **students entering sixth grade**, a physician must authorize that your child has either had chicken pox or been vaccinated against it before your child begins school.

Bus Application

- A request form needs to be filled out and submitted to each student's respective transportation service department by April 1st in order to be eligible for transportation for the upcoming school year, according to section 3635 of the New York State Education Law. You can contact the Universal School office for transportation forms.

(Please contact us if you are missing any forms. Financial Aid and Transportation forms are available upon request. Failure to disclose any information may be cause for rejecting your child's enrollment at Universal School.)

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

¹ The Prophetic vision can be summarized in two statements: "I (God) have not created the Jinn (a creation of God which is unseen to humans) and Humans except that they worship me (God)" Quran. Secondly, The Prophet Muhammad, Peace be Upon Him, is reported to have said, "Love for Humanity what you love for yourself" Al-Bayaqi. The vision we are referring to is none other than the worshipping of the true God and all other forms of benefiting humanity.

Re-Enrollment Form

STUDENT INFORMATION (PLEASE PRINT)

Students' Name: _____ Grade: _____
(Last) (First) (MI)

Address: _____
(Street) (Apt/PO Box #) (City) (State) (Zip)

Telephone Number: _____ May this number be published in student roster? Yes No

Date of Birth: _____ Social Security No. _____ - _____ - _____ Public School District: _____

Name of Parent(s)/Guardian(s) with whom the student resides: _____

Relationship (check one) Both Parents Mother only Grandparent(s) One parent and stepparent Father only

Other: _____ Number of children currently attending Universal School: _____

Ethnic Background: _____ Is student a US citizen? If non-citizen: immigration status (i.e. H1, F1) _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian

Please Check: Father Grandfather Other

Name: _____

Address: _____

City/State/Zip: _____

Occupation: _____

Employer: _____

Work Number: _____ Cell/Pager # _____

SSN # ____ - ____ - _____

Parent/Guardian immigration status _____

E-mail address: _____

Parent/ Guardian

Please Check: Mother Grandmother Other

Name: _____

Address: _____

City/State/Zip: _____

Occupation: _____

Employer: _____

Work Number: _____ Cell/Pager # _____

SSN # ____ - ____ - _____

Parent/Guardian immigration status _____

E-mail address: _____

ADDITIONAL SCHOOL MAILINGS: (e.g. grades, Progress Reports, etc.) SHOULD BE SENT TO:

Name _____ Telephone: _____ Relationship: _____

Address: _____ City / State / Zip _____

NOTES:

EMERGENCY MEDICAL INFORMATION

STUDENT NAME: _____

PARENT GUARDIAN NAME #1: _____

1st CONTACT #: _____ 2nd CONTACT #: _____

PARENT GUARDIAN NAME #2: _____

1st CONTACT #: _____ 2nd CONTACT #: _____

CONSENT FOR EMERGENCY MEDICAL OR SURGICAL CARE

This authorizes Universal School to give permission to appropriate medical or hospital personnel to provide emergency medical or surgical care for the above stated student in the event that I cannot be contacted immediately. It is understood that a conscientious effort will be made to locate me or my child's other parent care. If there is a choice of hospitals to send my child to, I prefer _____ Hospital. I understand the emergency technicians will have the final say as to what hospital my child will be transported to.

PARENT SIGNATURE

DATE

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT # 1 (OTHER THAN PARENT OR GUARDIAN):

NAME: _____ TELEPHONE: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY / STATE / ZIP: _____

EMERGENCY CONTACT # 2 (OTHER THAN PARENT OR GUARDIAN):

NAME: _____ TELEPHONE: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY / STATE / ZIP: _____

NEW YORK STATE TEXTBOOK LOAN LAW

TEXTBOOK REQUEST FORM

STUDENT NAME: _____

NAME OF PUBLIC SCHOOL RESIDING IN: _____

LOAN OF TEXTBOOKS

I hereby request the Loan of Textbooks in the name of:

(Student's Name)

I authorize _____ to act on behalf of this student in identifying and ordering
(Public School)

Books loaned to the student named above, and residing in the district above, must maintain in good condition each book received. If the book is damaged or lost, the student will be held responsible for replenishing the book as new.

Parent Signature: _____ Date: _____

This form is to be kept on file in the individual non-public school for the duration of enrollment.

AUTHORIZATION FOR STUDENT RELEASE

I/We, Parent(s) / Guardian(s) of the following Universal School student(s):

- 1. _____
- 2. _____
- 3. _____

Hereby authorize the school to release the above named child(ren) to the following person(s) after such person(s) has/have presented proof of identity, such as a driver's license or other picture identification:

I/We certify that I/we am/are the custodial parents of the minor child(ren) named above, and that in the event of a divorce, I/we are the custodial parent(s) of the minor child(ren), and I/we am/are acting under the authority of the most current entered court order, a copy of which is attached hereto, and I/we certify that there have been no modifications of said court order. I/We release the school from any and all liability that may result from the release of the child(ren) to the above named parties.

Parent Signature: _____ Date: _____

OTHER INFORMATION

PICTURE RELEASE

By signing here, parent or guardian, allows Universal School to photograph your child for school use such as school yearbook, advertisements for school, etc.

Parent Signature: _____ Date: _____

PESTICIDE NOTIFICATION

Please check below if you would like to be added to the Notification of Pesticide list in the event that Universal School grounds are treated with pesticide.

Yes, I would like to be placed on the Notification of Pesticide List

Does the applicant have any illness, diseases, or physical conditions that have either affected or may affect his/her participation in the school's academic, athletic, and extracurricular programs? Yes No If yes, please describe: _____

Does the applicant requires regular medication and/or is under a doctor's care? Yes No If yes, please describe: _____

AFTER-SCHOOL PROGRAM

If you are interested in having your child participate in the after-school program, complete the following:

Student Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Phone: _____ Alternate #: _____ Emergency Contact: _____

Phone: _____

List ALL Health Concerns, allergies and/or medications: _____

Which days of the week is your child expected to attend? (Circle all that apply)

M TU W TH F Approximate pick-up time: _____

Parent Signature: _____ Date: _____