



1957 Genesee Street
Buffalo, NY 14068
(716) 597-0102 Fax: (716) 597-0280
www.myuniversalschool.org

Established 2001
NY State Corporation – Provisional Charter

APPLICATION FOR ADMISSION

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 considering Universal School for your child's education. 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 below to expedite the application process:

Application

Please complete this application, sign and return it with a non-refundable application fee of \$50.00 to the Admissions Representative. Please make your check payable to Universal School. **Please include all supporting materials listed below:**

- Copy of birth certificate
- Copy of child's Social Security card
- Proof of Address

Health Appraisal Form

- For our Pre-K students both the physical and immunization part of the form must be filled out and returned to the school before the child begins the school year.
- For our students in K + the immunization portion of the form must be completed before the child enters school.
- Physicals are required for all new students and our 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.

Authorization for School Records (1st grade and higher)

Authorization for Student Release Form

Text Book Request Form (K and Higher)

Emergency Medical Form

After School Application (if applicable)

Tuition Preference Form ACH PTA

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.

¹The 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.

OFFICE INFORMATION (FOR OFFICE USE ONLY)

Grade Applying For: _____

Date Application Received: _____

Application Fee Check #: _____

Registration Fee Check #: _____

Entrance Interview Date: _____

Grade Accepted For: _____ Initials: _____

Interview Date: _____

Approved: _____
Universal School Principal Date

- Proof of Immunizations
- Physical Examination within past 12 months
- Previous School Records/Report Cards
- Birth Certificate, S.S. Card & Proof of Address
- Emergency Medical Release Form
- Testing Complete
- Other: Awards, Special Needs, Etc.

Approved: _____
Financial Manager Date

APPLICATION INFORMATION

STUDENT'S NAME LAST MIDDLE FIRST SOCIAL SECURITY NUMBER

ADDRESS APT. NUMBER

CITY STATE ZIP

PHONE MAY THIS NUMBER BE PUBLISHED IN THE STUDENT ROSTER? YES NO

DATE OF BIRTH PLACE OF BIRTH

Male Female Age _____ Applying for Grade _____ # of children at Universal School _____

Please check one: US CITIZEN RESIDENT # _____ OTHER _____
Entered Country on _____

PRIMARY LANGUAGE SPOKEN AT HOME ETHNIC BACKGROUND

FAMILY INFORMATION

FATHER'S NAME (OR GUARDIAN)

MOTHER'S NAME (OR GUARDIAN)

ADDRESS

ADDRESS

SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER

OCCUPATION

OCCUPATION

EMPLOYER

EMPLOYER

BUSINESS PHONE / EMAIL ADDRESS

BUSINESS PHONE / EMAIL ADDRESS

CELL PHONE / HOME PHONE

CELL PHONE / HOME PHONE

PARENTS IMMIGRATION STATUS

PARENTS IMMIGRATION STATUS

STUDENT LIVES WITH: Father and mother Father Mother Guardian Other _____

Please check any that apply to student: Father deceased Mother deceased Parents divorced Parents separated

Name and address where correspondence (i.e. grades, progress reports) should be sent:

NAME

ADDRESS

EDUCATION HISTORY

NAME OF APPLICANT'S PRESENT SCHOOL

PRESENT GRADE

ADDRESS

CITY

STATE

ZIP

PHONE

NAME OF PRINCIPAL OR GUIDANCE COUNSELOR

Has the applicant been suspended, expelled, dismissed, or otherwise subject to any disciplinary action from any school?

Yes No If yes, please explain. _____

Has the student ever: Skipped a grade Repeated a grade which grade(s)? _____

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: _____

Has your child received services for any learning disability? 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: _____

Why do you desire your child to attend Universal School? _____

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:** _____

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: _____

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:** _____

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: _____

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:** _____