



Established 2001
NY State Education Corporation

1957 Genesee Street
Buffalo, NY 14211
(716) 597-0102 Fax: (716) 597-0280
www.myuniversalschool.org

APPLICATION FOR ADMISSION

Student's Full Name: _____

Grade _____

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. We 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. These experiences and skills will help students maintain their identity while integrating into society and working with people of diverse backgrounds.

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:

Completed Application

Please complete this application, sign and return it with a **non-refundable application and registration fee** to the Admissions Representative (see attached Tuition & Fees page for amounts). Ensure all parts of the application are complete:

- All family information requested in application
- Education history (1st grade and higher) Report card & test scores
- Picture Release
- Pesticide Notification
- Health Insurance information
- Emergency Medical Info
- Authorization for Student Release
- Authorization for School Records (1st grade and higher)

Additional Forms

- Tuition Preference Form
- ACH
- Home Language Survey
- Health Waiver
- Bus Application if applicable

Please include all supporting materials listed below:

- Copy of birth certificate
- Proof of Address (utilities bill, government. mail)

Health Appraisal Form

- Pre-K student's need both a completed physical and immunization form returned to the school before the child begins.
- KG and higher students need a completed immunization form before the child begins.
- Physicals are required for all students entering grades KG, 2, 4, and 7. They may be turned in after the student has begun the school year but before December 1st.
- Dental health certificate for grades K, 2, 4, and 7 before the child begins school.
- 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.

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, and color, national or ethnic origin in administration of its educational policies, admissions policies, athletic or other school-administered programs.

APPLICATION INFORMATION

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

Address: _____
(Street) (Apt/PO Box #) (City) (State) (Zip)
For how long? Year's _____ Months _____

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

Date of Birth: _____ Public School District: _____
(that student resides in)

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) _____

FAMILY INFORMATION

Parent/Guardian
Please Check: Father Grandfather Other
Name: _____
Address: _____
City/State/Zip: _____
Occupation: _____
Employer: _____
Work #: _____ Cell #: _____
E-mail: _____
Parent/Guardian immigration status _____

Parent/ Guardian
Please Check: Mother Grandmother Other
Name: _____
Address: _____
City/State/Zip: _____
Occupation: _____
Employer: _____
Work #: _____ Cell #: _____
E-mail: _____
Parent/Guardian immigration status _____

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

Name _____ Telephone: _____ Relationship: _____
Address: _____ City / State / Zip _____

EMERGENCY CONTACT INFORMATION

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

NAME: _____ TELEPHONE: _____ RELATIONSHIP: _____

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

NAME: _____ TELEPHONE: _____ RELATIONSHIP: _____

EDUCATION HISTORY

NAME OF APPLICANT'S PRESENT SCHOOL _____

City/State of School attended _____

GRADE(S) ATTENDED _____

NAME OF PRINCIPAL OR GUIDANCE COUNSELOR _____

Has your child received services for any learning disability? Yes No If yes, please describe: _____

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)? _____

Has your child received any of the services? ELL (English Language Learner) ALS (Academic Intervention Services)

Yes No If yes, does your child have a (IED or 504 Plan)? : _____ If yes, which? : _____

PICTURE AND VIDEO RELEASE

I allow Universal School to photograph my child for school use such as school yearbook, advertisements for school, etc.

I do not allow Universal School to photograph my child for school use such as school yearbook, advertisements for school, etc.

I allow Universal School to video my child for school use such as on the school website, on social media page, etc.

I do not allow Universal School to video my child for school use such as on the school website, on social media page, 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

HEALTH RELATED INFORMATION

Does your child have any allergies? Yes No If yes, please describe: _____

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: _____

If Students is required to take prescription medication have you provided Universal School with the prescription(s) that the student takes? YES _____ NO _____

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

NEW YORK STATE TEXTBOOK LOAN LAW

Name of Public School District Residing in: _____

I hereby request the Loan of Textbooks in the name of: _____ . I authorize _____
(Student's Name) (School Attending)
to act on behalf of this student in identifying and ordering.

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: _____

TUITION PAYMENT PLANS

Two Payment plans are available. Payments are due as follows:

Plan 1 Full payment of tuition by June 30th. This qualifies for the early pay discount of 5% off tuition paid.

Plan 2 Eleven (11) monthly payments made by the 1st of every month through automatic withdrawal.

TUITION COLLECTION

Initials Required

- A. _____ If a responsible party has selected option 1 and payment is not received by June 30th, the discount will not apply.
- B. _____ Any checks marked for non-payment due to "insufficient funds" will be assessed a \$40.00 returned check fee, and may incur a fee from their financial institution. This also applies to any automatic withdrawal transactions.
- C. _____ Grades, transcripts and student records will not be forwarded to the parents or to any other educational institution on behalf of any student until the tuition obligations have been met. In case of delinquent accounts students may be suspended from school.
- D. _____ Tuition payments are applied to amounts in default for family accounts before they are credited to current balances.
- E. _____ If an account is consistently in default, Universal School reserves the right to require ACH or full payment in advance for subsequent years.

Parent Signature: _____

Date: _____

TUITION AND FEES SCHEDULE 2018 - 2019

Registration Fee. \$150.00 per student
Application Fee (New Students Only) \$100.00 per student
Activity Fee \$150.00 per family

Annual Tuition:
Pre-K Full Day Program \$5,750.00 per student
Hifz Program(optional). \$675.00 per student
Annual Tuition & Fees:
K-8th Full Day Program. \$ 5,300.00 per student

*After-school care, field trips, school events, uniforms and uniform demerits, etc. are not included in any of the above fees.
The school board has the right to change tuition and fees upon adoption of the New Year's budget.*

TUITION AND REGISTRATION DISCOUNTS

The following are available:

- A. **Early Pay:** 5% off full tuition when received no later than June 30th of each year.
- B. **Sibling Discounts:** (Students must live in the same house AND are filed on the same taxes for the same parents).

REGISTRATION FEES

- a. 1 Student - \$150
- b. 2 Students - \$275
- c. 3 Students - \$375
- d. \$100 more per child for additional children

TUITION DISCOUNTS

- a. 2 Students - \$200 each
- b. 3 Students - \$300 each
- c. 4 Students - \$400 each
- d. 6+Students - \$800 each

TUITION PAYMENT PLANS

Two Payment plans are available. Payments are due as follows:

Plan 1 Full payment of tuition by June 30th. This qualifies for the early pay discount of 5% off tuition paid.

Plan 2 Eleven (11) monthly payments made by the 1st of every month through automatic withdrawal.

TUITION ASSISTANCE PROGRAM

Financial Aid forms are available from February for the following school year only after the family has applied to Bison and can show proof of Bison Denial. Each year, limited funds become available for tuition assistance through **Zakah** from our generous donors. Once the funding is depleted, no additional aid will be available for the year. **Only completed applications with proof of income will be considered.** Due to limited funds, students who are awarded Bison Fund assistance will not be eligible for Financial Aid Assistance. The Bison Fund is available through the City of Buffalo and will award up to \$2,100 based on income eligibility. Applications are available on-line at www.bisonfund.com. The deadline to apply is February 28.

FEE PAYMENT DATES

- Registration & Application fees are due when the application is submitted and they are non-refundable.
- The Hifz Fee is due by the 1st of every month alongside monthly tuition payments.

TUITION COLLECTION

- A. If a responsible party has selected option 1 and payment is not received by June 30th, the discount will not apply.
- B. Any checks marked for non-payment due to "insufficient funds" will be assessed a \$40.00 returned check fee, and may incur a fee from their financial institution. This also applies to any automatic withdrawal transactions.
- C. Grades, transcripts and student records will not be forwarded to the parents or to any other educational institution on behalf of any student until the tuition obligations have been met. In case of delinquent accounts students may be suspended from school.
- D. Tuition payments are applied to amounts in default for family accounts before they are credited to current balances.
- E. If an account is consistently in default, Universal School reserves the right to require ACH or full payment in advance for subsequent years.

CONDITIONAL ENROLLMENT

All new students are subject to admission testing. Universal School reserves the right to reassign students to a different grade than originally accepted, if the student's academic and social development is best served by that reassignment. All new students are on a probationary period during the first quarter. Any new students exhibiting any academic or behavioral problems are subject to reevaluation and may not be able to continue at Universal School.



PART I Member's Information

Only one ACH form is needed per family

Full Name: _____

Address: _____

Email Address: _____

Primary Telephone # _____

PART II Member's Bank Information

Bank Name: _____

Bank Routing Number: _____

Account Number: _____

I (we) hereby authorize Universal Education Institute, hereinafter called Universal School, to initiate preauthorized electronic funds transfers from my checking / savings account indicated above, and I authorize the KEY BANK to debit the transfers to Universal School account. The authorization will remain in effect from July 2018 through June 2019 or until Universal School and the banks have received written notification from me of its termination and have had reasonable opportunity to act on it.

Signature:
(Person authorized signer on this account) _____

Name of the Signer: _____ Date: _____

PART III Special Instructions:

Return this form and **A VOIDED CHECK** to Universal School.

PART IV For Office Use Only

Full Name: _____

Amount per Month (\$): _____

Withdrawal Date: _____

Please be aware that your school application will be **INCOMPLETE** and sent back to you if any of the following is missing:
A Tuition preference form filled out for **EACH** child, **ALL** appropriate signatures, voided check, a registration payment attached or a selection to withdraw registration via automatic withdrawal.

UNIVERSAL SCHOOL OF BUFFALO

Registration for Academic Year 2018-2019

Tuition Payment Preference Form

Office use only
Reg. paid Y or N
Date / /
Amount
Siblings

This form is to be completed by the person to be billed for tuition & fees.

Please fill this form separately for each child

Instructions: Please complete ALL appropriate areas, sign, and return with Registration payment by March 31st. If billing is to be split between two parties, please photocopy or request a second copy of this form. **Returning student's registration fees received after the March 31st deadline will result in an additional \$50.00 late fee.**

Student's Name _____ (Last) (First) (MI)
Student's Grade: <input type="checkbox"/> Number of children attending Universal School: <input type="checkbox"/>

Person responsible for payment of tuition _____ (Last) (First) (MI)
Address _____ City _____ State _____ Zip _____
Primary Phone # _____ Email Address: _____

The payment option you selected last year will be the default option for the upcoming school year. Complete the area below if your child has never attended Universal or if you wish to change your payment structure or method from last year. Using the information from this notice, your tuition invoice will be generated and sent in the summer, which will confirm your start and end dates, and the amount due.

Please check all that apply:

- Please withdraw my registration fee for the 2018-2019 school year via automatic withdrawal by March 31, 2018
- I wish to pay monthly, via automatic withdrawal, starting August 1st for my first tuition payment
- I wish to pay in full by June 30th and receive the 5% Early Pay Discount (Absolutely no exceptions will be made after 06/30/2018 for this discount)

For, and in consideration of the enrollment of _____
(Student(s) Name)

in the Universal School. I have read the financial policy and hereby guarantee the payment of tuition per the selected payment schedule.

Signature: _____ Date: _____
(Person responsible for payment)

UNCONDITIONAL OBLIGATION

PLEASE READ!!

Your financial obligation to the school is for the *full annual tuition* as stated in the parent handbook. The school's expenses are incurred on an annual basis; and, therefore, the school cannot afford to refund the tuition or cancel unpaid obligations if your child is forced to withdraw during the upcoming academic year.

Failure to pay tuition in a timely manner may result in a delinquent account. A written notice will be mailed to notify of the account's delinquency. The full tuition owed will be due 4 weeks after the date written on the notification. Delinquent accounts may result in the suspension of the student(s) until the outstanding tuition has been paid.

The undersigned acknowledges that Universal School sets budgets and incurs obligations based upon the financial commitment of the undersigned to pay full tuition and fees for the entire school year for the student. I/We hereby agree by signing this financial contract and upon acceptance by Universal School, to pay the total tuition and fees for the entire school year as stated above, regardless of voluntary withdrawal of the student.

Accepted by _____
Signature of Parent/Guardian financially responsible for the student

UNIVERSAL SCHOOL
In Pursuit of Spiritual & Academic Excellence

AUTHORIZATION FOR SCHOOL RECORDS

I/ We, Parent(s) / Guardian(s) of the following child(ren),

1. _____
2. _____
3. _____

Hereby authorize Universal School to request all documents and records relative to the above named child(ren), to the following:

Universal School
C/O – Student Records
1957 Genesee Street
Buffalo, NY 14211
Phone: (716) 597-0102
Fax: (716) 597-0280

PARENT SIGNATURE: _____

DATE: _____

PARENT SIGNATURE: _____

DATE: _____

Updated: 09/09

المدرسة العالمية
Universal School
In Pursuit of Spiritual and Academic Excellence

AUTHORIZATION FOR STUDENT RELEASE

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

- 1) _____
- 2) _____
- 3) _____
- 4) _____

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:
 (List adults children can be released to):

#	Name (First, Last)	Relationship	Phone#	Type (Circle one)
1				Cell Work Home
2				Cell Work Home
3				Cell Work Home
4				Cell Work Home

Court Orders: I certify that I am the custodial/legal parent/guardian of the minor child(ren) named above, and that in the event of a separation/divorce, I am acting under the authority of the most current entered court order, a copy of which is attached hereto, and I certify that there have been no modifications of said court order. Should modifications be made to said court order, or a new order issued, I will notify Universal School immediately and supply a copy of the amended or new court order.

I 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: _____

Parent Signature: _____

Date: _____

Dental Health Certificate - Optional

Parent/Guardian: Please complete Section 1 and take the form to your dentist/dental hygienist for an assessment. Request your dentist/dental hygienist to fill out Section 2. Return the completed form to your child's teacher as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: <small>Last</small> _____ <small>First</small> _____ <small>Middle</small> _____		
Birth Date: / / <small>Month Day Year</small>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first visit to a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No
School: <small>Name</small> _____		Grade _____

Section 2. To be completed by the Dentist/Dental Hygienist

I. Oral Health Status (check all that apply)

- Yes No Caries Experience/Restoration History – Has the child ever had a cavity (treated or untreated)?
 [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- Yes No Untreated Caries – Does this child have an open cavity?
 [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- Yes No Dental Sealants Present
- Yes No Soft Tissue Pathology
- Yes No Malocclusion

II. Treatment Needs (check all that apply)

- No need for Treatment
- Urgent Treatment – abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling
- Restorative Care – amalgams, composites, crowns, etc.
- Preventive Care – sealants, fluoride treatment, prophylaxis, mouthguard etc.
- Other – periodontal, orthodontic treatments

Please note

The Dental Health condition of _____ on _____ (date of exam) Check one:

Yes, The student listed above *is* in fit condition of dental health to permit him/her attendance at the public schools.

No, The student listed above *is not* in fit condition of dental health to permit him/her attendance at the public schools.

Dentist's Name and Address (Please Print or Stamp):

Dentist/Dental Hygienist Signature:

Date of Exam: _____/_____/_____

* The dental health condition of the student when the exam is made and the date of exam shall not be more than 12 months prior to the commencement of the school year in which the exam is requested.

NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).

HEALTH APPRAISAL FORM

Name: _____ Date of Birth: _____
 School: _____ Gender: M F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached
 No immunizations given today
 Immunizations given since last Health Appraisal:
 Sickle Cell Screen: Positive Negative Not done Date: _____
 PPD: Positive Negative Not done Date: _____
 Elevated Lead: Yes No Not done Date: _____
 Dental Referral Yes No Not done Date: _____

Significant Medical/Surgical History: See attached _____

Specify current diseases: Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension
 Other: _____
 Allergies: LIFE THREATENING Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____

Body Mass Index: _____	Vision - without glasses/contact lenses	R	L	Referral
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
<input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th	Vision - Near Point	R	L	
<input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: Negative Positive: _____

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed Yes No Student may self carry and self administer medication Yes No

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

___ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.
 ___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: _____ None

Known or suspected disability: _____ Please monitor

Restrictions: _____ Please monitor

Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other: _____ (Stamp below)

Provider's Signature: _____ Phone: _____

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____

This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director. Rev. 10/3/07



Home Language Questionnaire (HLQ)

Dear Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated.

Thank You

TO BE COMPLETED BY SCHOOL PERSONNEL			
DISTRICT		<i>Please print or type clearly</i>	
SCHOOL	GRADE		
STUDENT NAME			
DATE OF BIRTH			
	Month	Day	Year
STUDENT IDENTIFICATION NUMBER			
COUNTRY OF BIRTH / ANCESTRY			
NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S.			
NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION			
DETERMINATION:		<input type="checkbox"/> Possible LEP <input type="checkbox"/> English Proficient	

(✓ boxes that apply)

- What language(s) is spoken in the student's home or residence?

<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
		<i>specify</i>
- What language(s) are spoken most of the time to the student, in the home or residence?

<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
		<i>specify</i>
- What language(s) does the student understand?

<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
		<i>specify</i>
- What language(s) does the student speak?

<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
		<i>specify</i>
- What language(s) does the student read?

<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Does Not Read
		<i>specify</i>	
- What language(s) does the student write?

<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Does Not Write
		<i>specify</i>	
- In your opinion, how well does the student understand, speak, read and write English?

	<i>Very well</i>	<i>Only a little</i>	<i>Not at all</i>
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian/Other _____

Date _____

Month: _____ Day: _____ Year: _____