

**UNIVERSAL SCHOOL**  
**Registration for Academic Year 2022-2023**  
**Tuition Payment Preference Form**

**This form is to be completed by the person to be billed for tuition & fees.**  
*Please fill this form separately for each child*

<i>Office use only</i>
Reg. paid <u>  </u> Y or N <u>  </u>
Date <u>  </u> / <u>  </u> / <u>  </u>
Amount <u>                  </u>
Siblings <u>                  </u>

**Instructions:** Please read and complete ALL appropriate areas, sign, and return with Registration payment. If billing is to be split between two parties, please photocopy or request a second copy of this form.

Student's Name _____ (Last) (First) (MI)	
Student's Grade for 2022-2023: <input type="text"/>	Number of children attending Universal School: <input type="text"/>
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 read each statement and check ALL that apply:**

- Please **withdraw my registration fee** for the 2022-2023 school year via automatic withdrawal (This fee is non-refundable)
- Please **withdraw my student fee (formerly Activity fee)** for the 2022-2023 school year via automatic withdrawal
- I wish to pay **monthly**, via automatic withdrawal, starting **August 1<sup>st</sup>** for my first **tuition payment**.
- I wish to pay in **full by June 30<sup>th</sup>** and receive the **5% Early Pay Discount** (Absolutely no exceptions will be made after 06/30/2022 for this discount)

For, and in consideration of the enrollment of \_\_\_\_\_ in 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)*

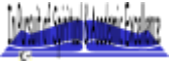
**UNCONDITIONAL OBLIGATION**

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 AUTHORIZATION AGREEMENT FOR  
AUTOMATIC WITHDRAWAL

**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 NORTHWEST to debit the transfers to Universal School account. The authorization will remain in effect from July 2022 through June 2023 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.

**TUITION AND FEES SCHEDULE 2022-2023**

**Returning Student:**

Registration - \$250.00 per student  
Student Fee (formerly Activity Fee) - \$250.00 per family

**New Student:**

Registration - \$400 (includes application fees)  
Activity Fee - \$250.00 per family

**Annual Tuition:**

K-8<sup>th</sup> Full Day Program . . . . . \$5,950.00 per student  
High School 9-12th . . . . . \$7,857.00 per student  
Hifz Program (optional). . . . . \$700.00 per student

*After-school care, field trips, 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 - \$250
- b. 2 Students - \$375
- c. 3 Students - \$475

**New Student Registration**

- a. 1 Student - \$400
- b. 2 Students - \$675
- c. 3 Students - \$925

**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 30<sup>th</sup>. This qualifies for the early pay discount of 5% off tuition paid.

**Plan 2** Eleven (11) monthly payments made by the 1<sup>st</sup> 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](http://www.bisonfund.com). The deadline to apply is February 28.

**FEE PAYMENT DATES**

- Registration fees are due when the application is submitted and are **non-refundable**.
- The Hifz Fee is due by the 1<sup>st</sup> 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 30<sup>th</sup>, 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.

# Universal Enrollment Checklist

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Please use this checklist to help prepare your enrollment documentation to complete your enrollment application

## Important First Step

Please submit a completed Financial Application Form with a voided check and the registration payment before you complete the online enrollment application at <https://secure.gradelink.com/2013/enrollment>.

- Submit **Financial Application** with a **voided check** and **registration payment** (**\*Please note Fees are Non-Refundable**).

## Enrollment Documents

The following enrollment documents will be required to approve your child's enrollment and can be found online at [www.myuniversalschool.org](http://www.myuniversalschool.org) under the Admissions tab.

- Student Record Request Form\***
- Home Language Form\***

Please prepare to submit the following enrollment documents with you:

- Copy of Birth Certificate**
- Proof of residency (any current home utility bill or your lease agreement, but please no cell phone bills)**
- Report Card/transcript**
- Copy of NYS Health Physical**
- Copy of current immunization records**

You may mail/drop off the forms in our mailbox at 1957 Genesee Street, Buffalo, NY 14211 or scan and e-mail them to [admissions@myuniversalschool.org](mailto:admissions@myuniversalschool.org). (Submit forms only after completing the Financial Contract, please refer to our website).

Spots are very limited and are only available on a first-served basis. If you have any questions about completing your enrollment for your child(ren), please do not hesitate to contact the school directly at 716-597-0102 ext 104 or email [admissions@myuniversalschool.org](mailto:admissions@myuniversalschool.org)



## Authorization for School Records

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Universal School ♦ 1957 Genesee Street Buffalo, NY 14211 ♦ Phone: (716) 597- 0102 ♦ Fax: (716) 954 - 2253

**Entered Date:** \_\_\_\_\_

**School Year:** \_\_\_\_\_ / \_\_\_\_\_

**Child(ren)'s Full Name:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I, \_\_\_\_\_ authorize Universal School to request all documents and records  
(Parent Name)  
relative to my child(ren).

**Child(ren)'s Previous School:**

(if one or more child attended a different school than the one listed below, please submit another form for each child)

**Name:** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

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

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



# Home Language Questionnaire (HLQ)

## TO BE COMPLETED BY SCHOOL PERSONNEL

DISTRICT \_\_\_\_\_ *Please print or type clearly*

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:  Possible LEP  
 English Proficient

*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*

(✓ boxes that apply)

- What language(s) is spoken in the student's home or residence?  English  Other \_\_\_\_\_ *specify*
- What language(s) are spoken most of the time to the student, in the home or residence?  English  Other \_\_\_\_\_ *specify*
- What language(s) does the student understand?  English  Other \_\_\_\_\_ *specify*
- What language(s) does the student speak?  English  Other \_\_\_\_\_ *specify*
- What language(s) does the student read?  English  Other \_\_\_\_\_  Does Not Read *specify*
- What language(s) does the student write?  English  Other \_\_\_\_\_  Does Not Write *specify*
- 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>
<b>Understands English</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Speaks English</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reads English</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Writes English</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
*Signature of Parent/Guardian/Other*

\_\_\_\_\_  
*Date*

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM**

**TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR**

**Note:** NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

**STUDENT INFORMATION**

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

**HEALTH HISTORY**

<b>Allergies</b> <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication	<input type="checkbox"/> Environmental

<b>Asthma</b> <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	

<b>Seizures</b> <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type: _____	Date of last seizure: _____

<b>Diabetes</b> <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____	Date Drawn: _____

**Risk Factors for Diabetes or Pre-Diabetes:**  
*Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.*

**BMI** \_\_\_\_\_ kg/m2 **Percentile (Weight Status Category):**  <5<sup>th</sup>  5<sup>th</sup>-49<sup>th</sup>  50<sup>th</sup>-84<sup>th</sup>  85<sup>th</sup>-94<sup>th</sup>  95<sup>th</sup>-98<sup>th</sup>  99<sup>th</sup> and >

**Hyperlipidemia:**  No  Yes      **Hypertension:**  No  Yes

**PHYSICAL EXAMINATION/ASSESSMENT**

<b>Height:</b>	<b>Weight:</b>	<b>BP:</b>	<b>Pulse:</b>	<b>Respirations:</b>
<b>TESTS</b>	<b>Positive</b>	<b>Negative</b>	<b>Date</b>	<b>Other Pertinent Medical Concerns</b>
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
<b>Lead Level Required Grades Pre- K &amp; K</b>			<b>Date</b>	<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 10$ $\mu\text{g}/\text{dL}$				<input type="checkbox"/> Other: _____

**System Review and Exam Entirely Normal**

**Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities**

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	_____	_____
	_____	_____
	_____	_____

Additional Information Attached

Name:			DOB:	
<b>SCREENINGS</b>				
<b>Vision</b>	<b>Right</b>	<b>Left</b>	<b>Referral</b>	<b>Notes</b>
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision -- Near Vision	20/	20/		
Vision -- Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
<b>Hearing</b>	<b>Right dB</b>	<b>Left dB</b>	<b>Referral</b>	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Scoliosis</b> Required for boys grade 9 And girls grades 5 & 7	<b>Negative</b>	<b>Positive</b>	<b>Referral</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:		Trunk Rotation Angle:		
<b>Recommendations:</b>				
<b>RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK</b>				
<input type="checkbox"/> <b>Full Activity</b> without restrictions including Physical Education and Athletics.				
<input type="checkbox"/> <b>Restrictions/Adaptations</b> Use the Interscholastic Sports Categories (below) for Restrictions or modifications				
<input type="checkbox"/> <b>No Contact Sports</b> <b>Includes:</b> baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling				
<input type="checkbox"/> <b>No Non-Contact Sports</b> <b>Includes:</b> archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field				
<input type="checkbox"/> <b>Other Restrictions:</b>				
<input type="checkbox"/> <b>Developmental Stage for Athletic Placement Process ONLY</b> Grades 7 & 8 to play at high school level <b>OR</b> Grades 9-12 to play middle school level sports Student is at <b>Tanner Stage:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				
<input type="checkbox"/> <b>Accommodations:</b> Use additional space below to explain				
<input type="checkbox"/> Brace*/Orthotic				
<input type="checkbox"/> Colostomy Appliance*				
<input type="checkbox"/> Hearing Aids				
<input type="checkbox"/> Insulin Pump/Insulin Sensor*				
<input type="checkbox"/> Medical/Prosthetic Device*				
<input type="checkbox"/> Pacemaker/Defibrillator*				
<input type="checkbox"/> Protective Equipment				
<input type="checkbox"/> Sport Safety Goggles				
<input type="checkbox"/> Other:				
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.				
Explain: _____				
<b>MEDICATIONS</b>				
<input type="checkbox"/> <b>Order Form for Medication(s) Needed at School attached</b>				
List medications taken at home:				
<b>IMMUNIZATIONS</b>				
<input type="checkbox"/> Record Attached				
<input type="checkbox"/> Reported in NYSIIS				
Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>HEALTH CARE PROVIDER</b>				
Medical Provider Signature:				<b>Date:</b>
Provider Name: <i>(please print)</i>				Stamp:
Provider Address:				
Phone:				
Fax:				
<b>Please Return This Form To Your Child's School When Entirely Completed.</b>				