

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 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 06/30/2022 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)

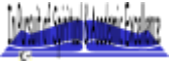
UNCONDITIONAL OBLIGATION

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



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)
Student Fee - \$250.00 per family

Annual Tuition:

K-8th 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 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 fees are due when the application is submitted and 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.

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: _____



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>
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: _____



Authorization for School Records

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:** _____

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

Allergies <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

Asthma <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 : _____	

Seizures <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: _____

Diabetes <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):** <5th 5th-49th 50th-84th 85th-94th 95th-98th 99th and >

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

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
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: _____
Lead Level Required Grades Pre- K & K			Date	<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 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:	
SCREENINGS				
Vision	Right	Left	Referral	Notes
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				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis Required for boys grade 9 And girls grades 5 & 7	Negative	Positive	Referral	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:		Trunk Rotation Angle:		
Recommendations:				
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK				
<input type="checkbox"/> Full Activity without restrictions including Physical Education and Athletics.				
<input type="checkbox"/> Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications				
<input type="checkbox"/> No Contact Sports Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling				
<input type="checkbox"/> No Non-Contact Sports Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field				
<input type="checkbox"/> Other Restrictions:				
<input type="checkbox"/> Developmental Stage for Athletic Placement Process ONLY Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports Student is at Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				
<input type="checkbox"/> Accommodations: 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: _____				
MEDICATIONS				
<input type="checkbox"/> Order Form for Medication(s) Needed at School attached				
List medications taken at home:				
IMMUNIZATIONS				
<input type="checkbox"/> Record Attached				
<input type="checkbox"/> Reported in NYSIIS				
Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No				
HEALTH CARE PROVIDER				
Medical Provider Signature:				Date:
Provider Name: <i>(please print)</i>				Stamp:
Provider Address:				
Phone:				
Fax:				
Please Return This Form To Your Child's School When Entirely Completed.				