

Rawdat al Quran Academy Houston
SCHOOL ENROLLMENT FORM
2026 – 2027

Student Name: _____

(Please provide legal name as recorded on state issued identification documents e.g. Passport, State ID)

Student ITS Number: _____

Gender: M F

Date of Birth: _____

Grade entering in (2026 – 2027): _____

Student Residence

Street (& UNIT, if applicable) _____

City _____ State _____ Zip _____

#1 Parent/Guardian & Contact Information

Full Name: _____

Relationship: _____

Cell Phone: _____ Work Phone: _____ Email: _____

#2 Parent/Guardian & Contact Information

Full Name: _____

Relationship: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Emergency Contacts living at a DIFFERENT address (optional):

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Email: _____

SUBMIT child's most recent immunization records along with enrollment forms.

General Waiver and Release of Liability

1. **Permission to Participate:** I, the undersigned parent/guardian of the child named below ("Student"), hereby consent to their participation in activities at Rawdat Al Quran Academy Houston. These activities include educational classes, religious instruction, and recreational activities.

2. **Understanding of Risks:** I understand that participating in any group activity involves certain routine risks. While RQA maintains appropriate supervision and safety measures, I acknowledge that accidents or incidents may occur during normal program activities.

3. **Release of Liability:** By signing this form, I agree not to hold Rawdat al Quran Houston, its teachers, volunteers, officers, or representatives legally responsible for routine risks associated with program participation. This includes injury, illness, damage or loss that may occur during educational and recreational activities.

4. **Emergency Care Authorization:** If my child needs immediate medical attention and I cannot be reached, I authorize RQA staff to:

- Provide basic first aid
- Contact emergency medical services if necessary
- Share relevant medical information with emergency responders
- Arrange transportation to the nearest medical facility if required

I understand I am responsible for any medical expenses incurred.

5. **Immunization:** I understand that I am responsible for ensuring adherence to all state required immunizations for my child.

https://www.dshs.texas.gov/sites/default/files/LIDS-Immunizations/pdf/pdf_stock/6-14.pdf

6. **Safety Commitment** RQA commits to:

- Maintaining appropriate adult supervision
- Following safety protocols for all activities
- Promptly notifying parents/guardians of any significant incidents
- Maintaining a safe and nurturing learning environment

7. **Student Conduct:** I understand that respectful behavior is always expected from all students. I agree to speak with my child about appropriate conduct and ensure they follow all school rules

and staff directions. Repeated or serious behavior issues may result in disciplinary action or removal from the program.

8. Attendance Policy: I understand that my child must attend class regularly and on time. Three tardies will result in one absence. The perfect attendance will be given ONLY if the child has no tardies, excused or unexcused absences. If my child is absent for the day or requires extended leave, I will inform the respective teachers and/or school administration. I agree to be responsible for any missed classwork and homework during the absence.

9. Parking Lot and Pick-Up/Drop-Off Safety: I understand that parents/guardians are fully responsible for supervising their child during arrival and departure, and for safely escorting them to and from the designated entry/exit points. RQA is not responsible for students outside of supervised areas.

10. Parental Responsibility I agree to review all rules and policies provided by the RQA with my child, including safety guidelines, classroom behavior expectations, and arrival/departure procedures.

11. Acknowledgment I have read this agreement and understand its contents. I am signing this form voluntarily and acknowledge that my signature serves as consent for my child's participation in the school program.

Student's Full Name: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____

RQA Houston Health History Form

CHILD INFORMATION:

Name of Child _____ Date of Birth _____
Gender _____ Age _____
Address _____ City: _____ ZIP: _____

Primary care provider:

Name _____ Clinic/Practice Name _____

EMERGENCY CONTACTS

Name _____ Relationship: _____ Telephone: _____
Name _____ Relationship: _____ Telephone: _____

MEDICAL HISTORY

Health concerns: Does your child have any health concerns the school needs to be aware of? Yes
 No If YES, please describe:

_ Can your child participate in all indoors and outdoors school activities? Yes No

Allergies: Does your child have any allergies? Yes No

If YES, allergy details (Specific Allergen, Reaction/Symptoms);

Does your child carry an Epi Pen? Yes No

What immediate steps should be taken if an allergic reaction occurs?

Medication: Does your child currently take medications? Yes No If YES, what medicine?

NOTE: (Our school policy does not allow us to administer medication to students. If your child requires medication during school hours, we ask that you please come to the school to provide it.)

PARENT / GUARDIAN CONSENT

The school has permission to share information with school staff as determined appropriate for my child's health and safety. Yes No

Parent/Guardian Signature

Please Print Name

Date

RQA Photo Use Waiver Form

Student Name: _____

Consent for Use of Student Photographs

During the academic year, we take photographs, videos and use audio of RQA activities involving students to share growth and updates. Some photographs may capture your child's participation, directly or indirectly.

As an educational institution, RQA would like to inform you that these photos, videos or audio files may be published through our website, social media pages, news bulletins, billboards, ads, Araz in Hazrat Aaliyah (TUS) which may involve your child's photographs.

If for any reason you DO NOT want the reproduction and publication of your child's photograph(s), videos or audio then kindly inform us by submitting this form.

Kindly note: If there is no response, we understand that means you have no objection to the above mentioned procedure.

Please read and indicate your preference below:

Yes, I give permission for my child's photo/video to be taken and used by RQA for the purposes mentioned above.

No, I do not give permission for my child's photo/video to be taken or used.

I understand that no personal information (such as full name, address, or contact details) will be shared publicly alongside my child's image, and that images will be used in a respectful and appropriate manner.

Parent/Guardian Signature:

Date: _____