

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. Wellbeing, Anti-Bullying: I understand that the school is committed to maintaining a safe, supportive, and respectful environment by promoting student wellbeing and strictly prohibiting all forms of bullying, including physical, verbal, emotional, and cyberbullying. I understand that any concerns related to bullying, wellbeing, or student safety will be taken seriously, addressed promptly, and supported through appropriate measures.

8. 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.

9. Photo & Media Waiver:

I understand that photographs and videos may be taken during school activities for educational, promotional, or community purposes. These may be used in school publications, newsletters, social media, or other official platforms.

If I do not want my child's image to be used or circulated, I agree to inform the school in writing and guide my child not to stand or participate in photo or video sessions. I understand that while reasonable efforts will be made to honor this request, incidental inclusion may still occur during group activities.

10. Attendance & Tardy Policy: I understand that my child must attend class regularly and on time. 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.

I understand that punctuality is expected from all students and that three consecutive tardies will result in my child missing outdoor recess break. I agree to support the school in ensuring my child arrives on time each day, recognizing that consistent punctuality is important for their learning and daily routine.

11. 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.

12. 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.

13. 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: _____

Fee Amount: Total \$7200 for full year

Choose from the below payment options:

Option 1. For Bank ACH please be sure to fill bank routing and account numbers accurately. Failure to do so will result in charges that will be invoiced to you. You must fill this form even if you have ACH in the past. Do not assume that jamaat has this information. Please attach a VOID check if possible.

Option 2. If using check option please make checks payable to "Anjuman-e-Shujaae, Houston, Inc." and write RQA in Remarks

Option 3. If you select Bill & Pay, you authorize a payment plan to be created in the Bill & Pay system and fees to be debited accordingly as per your payment option.

Option 4. If setting up a payment plan via credit card only 3 installments are allowed.

NO CASH WILL BE ACCEPTED

Payment Method:

Bank ACH Check Bill & Pay Credit Card

Bank Routing # _____

Bank Acct # _____

Credit Card Information

Credit Card Number _____

Exp Date _____

CVV _____

Billing Address _____

Last installment must be paid by April 1st, 2027; # of payments 1 3

Total payments will be divided equally by the number of payments selected

Financial Assistance Request:

Will you require financial assistance?

Yes No

If yes, how much are you able/willing to commit toward tuition for the school year?

\$ _____

Disclaimer:

Submission of a financial assistance request does not guarantee approval of the amount. The Financial Committee will review your application and contact you before a final decision is made regarding financial assistance.

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

ENROLLMENT CHECKLIST:

Please ensure all required documents are completed and submitted:

- Completed Enrollment Form
- Signed Waiver Form
- Signed Health History Form
- Most Recent Immunization Records
- Official Transcripts & Report Cards
- Standardized Test Scores (e.g., STAAR)
- Individualized Education Program (IEP) or 504 Plan (*if applicable*)

Email all documents and signed forms to rawdatalquran@houstonjamaat.com OR

Submit at the school office

Required School Supply List

Elementary Grade 1-5

6 Spiral Notebooks (Wide Ruled)
6 Folders (2 Pocket folders w/ prongs)
File Pocket/ Expanding Portfolio
Clear Backpack
Pencil Case
Homework Diary(Composition
Notebook)
24 No. 2 Pencils Sharpened
Pencil Sharpener
Erasers
Ruler
Blunt tipped scissors
Colored Pencils
Washable Markers
Crayons
Glue Sticks

Middle and High School Grade 6-12

6 Spiral Notebooks (Wide Ruled)
6 Folders (2 Pocket folders with prongs)
File Pocket/ Expanding Portfolio
Clear Backpack
Pencil Case
Homework Diary (Composition Notebook)
24 No. 2 Pencils Sharpened
Pencil Sharpener
Erasers
Ruler
Protractor
Loose Leaf Paper & Graph Paper
Blunt tipped scissors
Colored Pencils
Washable Markers
Crayons
Glue Sticks
Index Cards