

# SABA ACADEMY

4415 Fortran Ct.  
San Jose, CA 95134  
(408) 946-5700

*Submit with \$25 Filing Fee  
One child per form*

Application for Admission 2010-2011

Circle Grade: Pre-K K 1st 2nd 3rd

## Student Information (Please print clearly)

Student's last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_ Soc. Sec. No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place of birth: \_\_\_\_\_ State/Country of birth: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Other home phone: \_\_\_\_\_

### Last school attended:

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

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

Street: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

### Student Lives With:

Parents \_\_\_\_\_ Father only \_\_\_\_\_

Mother only \_\_\_\_\_ Other \_\_\_\_\_

**NOTE: If student is not residing with parents, proof of custody must be supplied upon registration.**

**Please request all school records to be sent to Saba Academy by registration date.**

## Father (or guardian) Please inform the school if there is any change in the information provided here.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Address (if different from students): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Profession: \_\_\_\_\_ Soc. Security No: \_\_\_\_\_

Employer's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's address: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Mother (or guardian) Please inform the school if there is any change in the information provided here.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Address (if different from students): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Profession: \_\_\_\_\_ Soc. Security No: \_\_\_\_\_

Employer's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's address: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

OVER

### For Office Use Only:

Family ID \_\_\_\_\_ Student ID: \_\_\_\_\_ Filing Fee: \_\_\_\_\_

Tested: \_\_\_\_\_ Records Rec'd: \_\_\_\_\_ Tuition Checks: \_\_\_\_\_

Accepted: \_\_\_\_\_ Innoculations: \_\_\_\_\_

Registered: \_\_\_\_\_ Further Action: \_\_\_\_\_

**Race (Circle):** White      Black, or African American      American Indian, Alaskan Native      Asian  
Native      Hawaiian      Other Pacific Islanders

**Ancestry:** (Refers to an individual's nationality, lineage, or country where parents were born before arriving in the United States) \_\_\_\_\_

**Language(s) Spoken** The following questions are helpful in determining the language(s) spoken at home by students and assist us in providing meaningful instruction for all students.

1. Which language did your son/daughter learn to talk when they first began to talk? \_\_\_\_\_

2. What language does your son/daughter most frequently use at home? \_\_\_\_\_

3. What language do you use most frequently to speak to your son/daughter? \_\_\_\_\_

4. Name the language most often spoken by the adults at home? \_\_\_\_\_

Date student first attended school in the US, grades K-12 \_\_\_\_\_

Has the student ever been enrolled in a special education program?    Yes    No

If yes, please explain: \_\_\_\_\_

**Emergency contacts other than parents** (include 3 local contacts and one out-of-state contact, if possible):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Emergency Policy: Minor first aid will be administered by Saba staff. Parents and emergency contacts will be called for injuries/illnesses beyond our ability to handle. "911" will be called to assist in the event of serious illness or injury. The Saba emergency policy is in effect for all students. Your child's attendance in the school signifies your acceptance of this policy.

**Parents' /Guardians' Consent:** (Please note by signing sections 1, 2, & 3, you are giving Saba permission to publish information & photograph of your child)

1. Do you give permission to Saba to print your child's name and phone number in the School Directory? Yes, I give permission to Saba, to print my child's name & phone number in the School Directory.

**Signature:** \_\_\_\_\_

2. Do you give permission to Saba to publish your child's picture on the Saba website, and other school publications? Yes, I give permission to Saba, to publish my child's picture on the Saba website & other school publications.

3. **Signature:** \_\_\_\_\_

4. Do you give permission to Saba to publish your child's picture in the School Yearbook? Yes, I give permission to Saba to publish my child's picture in the School Yearbook.

**Signature:** \_\_\_\_\_

5. I understand that I need to fulfill my 20 hours volunteer time during the year. If I do not fulfill these hours by the appointed dates, I will be charged a Volunteer Fee.

**Signature:** \_\_\_\_\_

6. I understand that Arabic and Islamic Studies are mandatory subjects at **Saba Academy**, and I agree to work with or provide a tutor for my child to achieve the passing grade needed for promotion to the next grade.

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name of parent signing above: \_\_\_\_\_

**Saba Academy** admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic and other school administered programs.

- Has this student ever had psychological testing or been screened for academic difficulties or learning disabilities?    Yes    No    Is there any other medical information Saba should be aware of?

Family physician: \_\_\_\_\_

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