



APPLICATION FOR ADMISSION

TO THE APPLICANT:

We are delighted that you are considering The Imani School as a learning opportunity for your child. The Imani School is committed to providing the finest quality program for the education of our children. Many spiritual, academic, athletic and artistic experiences await students here. Our school will provide an excellent educational program for your son or daughter within a warm, nurturing and Christ-centered environment. Our faculty at all grade levels is committed to excellence and enrichment.

Your application for admission will be reviewed once the Admissions Office has received all of the necessary credentials. Prospective students must submit an application, most recent report card and standardized test results (K-8 grades), teacher recommendations (K-8 grades) and an up-to-date immunization record (Pre-K-8 grades). Each application is reviewed on an individual basis with final selection based upon academic grades (K-8 grades only), test scores (K-8 grades only), and teacher recommendations (K-8 grades only). Please read carefully and follow all instructions in order that your child's application may be processed promptly.

The following checklist should assist you in the admissions process:

New Student Application Checklist

- Application for Enrollment (PreK3- 8th Grade)
- \$75 Registration Fee (Non- Refundable)
- A Copy of Most Recent Report Card (K- 8th Grade)
- Teacher Recommendation Forms (K- 8th Grade)
- Most Recent Standardized Test Scores (K- 8th Grade)
- Recent photograph of applicant (Photograph will not be returned)



APPLICANT INFORMATION

Date of Application _____ Home Phone _____

Full Name _____
Last Name First Middle Nick Name

Grade Applying to: _____ Term Beginning: Fall 20__ Spring 20__ Summer 20__

Address _____
Street City State Zip Code

Date of Birth _____ Age _____ Birthplace _____

Religion _____ Place of Worship _____

DESCRIPTION OF CHILD

Please describe your child as objectively as possible in the space below. Include ways, general and specific, you expect your child to benefit from **The Imani School** education.

FAMILY INFORMATION

Applicant lives with: Both Parents Mother Only Father Only Guardian
Mother & Stepfather Father & Stepmother Other _____

If the applicant's parents are divorced, which parent has legal responsibility for:

School Related Decisions _____ School Bills _____

Custody of the Student _____ Receiving School Communications _____

FATHER

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Occupation _____

Employer _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____

Driver's License Number _____

MOTHER

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Occupation _____

Employer _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____

Driver's License Number _____

GUARDIAN

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Occupation _____

Employer _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____

ADDITIONAL FAMILY

Mailings should be to:

Both Parents Mother
Father Guardian

List Siblings' Names, Schools and Grades Attending:

Does the child have relative who attend or have attended The Imani School or The Imani School for Infants & Toddlers?
___ Yes ___ No If yes, please list names, relation and years attended:

SCHOLASTIC INFORMATION

A copy of the applicant's most recent report card and test scores must accompany this application for all students applying to kindergarten through eighth grades.

Current School Name _____ Grades Attended _____

Address _____
Street City State Zip Code

Phone Number _____

Other Schools Attended:

Name of School (s)	Locations	Phone Number	Grades	Dates

Grades Have Been: Superior Above Average Average Below Average

Has the applicant been suspended or asked to leave any school? ___ Yes ___ No

If yes, please explain _____

Has the applicant been recommended for special education, advanced placement or retention? ___ Yes ___ No

If yes, please explain _____

Has the applicant had any discipline problems or are there any pending discipline problems at school? If yes, please explain:

Indicate any specific modifications necessary to facilitate the applicant's education:

What is your primary reason for selecting The Imani School for your child?

MEDICAL HISTORY

Please describe any illnesses, diseases, physical disabilities or special conditions which either have affected or may affect the applicant's general health, his schoolwork or his participation in athletics. (Example: Health, Hearing, Eyesight, Attention Deficit, Memory, Learning Difficulties, Motor Difficulties, etc.)

Does the applicant have any special abilities or talents? (i.e athletic, artistic, musical, academic, etc.)

If applicant has been referred for special educational services or has had a diagnostic testing within the past 3 years, please indicate what type and when:

If you answered yes, please give the following information:

Name of Physician _____ Date of Testing _____

(We may request from you a copy of the report.)

If applicant has ever been tested for special academic or behavioral concerns, indicate here:

***A copy of these results must accompany this application.**

ADD Dyslexia Hearing Impairment
 ADHD Speech Impairment Other (specify) _____

If applicant has been on medication for educational purposes, indicate what medication and frequency of dosage.

A pre-requisite for admission is toilet training. Has your child completed that training? _____

HOURS

Number of days per week your child will attend _____

I will bring my child to school about _____ a.m. I will pick up my child about _____ p.m.

Date attendance will begin _____

HEALTH RECORD

Please have this form completed and signed by a licensed health professional:
**ATTACH A COPY OF THE CURRENT
IMMUNIZATION RECORD TO THIS FORM**

Child's

Name _____

Is the child able to participate in the normal activities of a school program?

Yes No

Are there any restrictions on normal activities? Yes No

If yes, please specify: _____

Does the child have any chronic medical condition that necessitates special attention? Yes No

If yes, please specify: _____

Is the child taking any medication prescribed for long term continuous use?

Yes No

If yes, please explain: _____

Has the child been hospitalized during the past 12 months? Yes No

If yes, please explain: _____

Known Allergies: _____

Dietary Restrictions: _____

**Please return this form with your child's current immunization record
to the front office or fax them to: 713-723-6143**

Physician's Signature

Date

IDENTIFICATION AND EMERGENCY INFORMATION

Please list additional persons whom we may call in an emergency and whom you authorize to take your child from the school . It is important that they are available during school hours.

Name	Relationship to Student	Home Phone	Alternate/Cell	Work	Address

GENERAL AUTHORIZATION: We hereby grant to The Imani School permission for the applicant to leave the premises of The Imani School to take part in planned educational field trips or activities by the staff of The Imani School (provided such trips or activities will be separately announced to the parent or guardian at least 48 hours in advance of the trip or activity. We hereby grant permission for the applicant to participate in water activities and be transported under The Imani School supervision for purposes of taking part in educational field trips or other activities.

MEDICAL AUTHORIZATION: We hereby grant to The Imani School permission to take whatever action in its judgment may be necessary to supplying emergency medical services to the applicant. We understand that, consistent with the circumstances of the situation and available time, The Imani School will attempt to contact and follow the instructions of the parent or guardian, physician or other person(s), we hereby grant permission to The Imani School to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. We hereby agree that we will solely be responsible for and will promptly pay any expenses which may be incurred by The Imani School in making emergency medical treatment available to the applicant. We give The Imani School permission to transport the applicant in an Imani vehicle, vehicle of its personnel or by ambulance in case of an emergency.

In case of an emergency, I hereby give my consent to call:

Name of Physician _____ Physicians Hospital _____

Address _____ Telephone # _____

Family's Health Insurance Carrier _____ Policy No. _____

Signature of Parent / Guardian _____ Date _____

Signature of Parent / Guardian _____ Date _____

PARENT'S ACKNOWLEDGEMENT

This is to acknowledge that The Imani School has provided me with its operational policies and has discussed its contents with me. I am able to access The Imani School Parent/Student handbook from the Parent's web on the school's main website by visiting www.imanischool.org and selecting "Parent's Web." I must download the handbook to review it with my child.

I also understand that there will be no refund of the application fee. You will find my attached check made payable to The Imani School for the application fee of \$75.00.

Signature(s)

PLEASE ADDRESS CORRESPONDENCE TO:
Director of Admissions
The Imani School
12401 South Post Oak Road
Houston, TX 77045

FOR OFFICE USE ONLY	
DATE APPLICATION WAS RECEIVED	_____
DATE APPLICATION FEE WAS PAID	_____
<input type="checkbox"/> Cash	Credit Card Auth # _____ Check # _____
DATE APPLICANT ENROLLED	_____
DATE APPLICANT WITHDREW	_____
Entry Date	_____
Accepted () Yes	() No
Comments	_____

Homeroom Teacher	_____

NOTICE OF NON-DISCRIMINATION POLICY:
THE IMANI SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL OR ETHNIC ORIGIN IN ADMISSION OF STUDENTS OR IN THE ADMINISTRATION OF ITS PROGRAMS.



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