

**Universal School of Plainfield**  
 2183 Stanley Road, Plainfield, IN 46168  
 Phone: (317)203-5769 ♦ www.myusp.org

## 2023-2024 Registration Form

Family Information			
Family Name		Home Phone	
Home Address		City	Zip Code
Mother's Full Name	Cell Phone	Work Phone	Email Address
Father's Full Name	Cell Phone	Work Phone	Email Address

Student Information					
Student Name	Birthdate	Entering Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female	Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	Reg. Amount Due: \$
Student Name	Birthdate	Entering Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female	Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	Reg. Amount Due: \$
Student Name	Birthdate	Entering Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female	Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	Reg. Amount Due: \$
Student Name	Birthdate	Entering Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female	Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	Reg. Amount Due: \$
Student Name	Birthdate	Entering Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female	Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	Reg. Amount Due: \$
Student Name	Birthdate	Entering Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female	Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	Reg. Amount Due: \$
				<b>Total Registration Amount</b>	\$

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NAME OF STUDENT: \_\_\_\_\_

Grade \_\_\_\_\_

In order to help the school carry out its mission of providing a quality academic and Islamic education, as well as a safe environment for all students, all families and students must obey the rules of the student handbook. Please note the following rules and frequently asked questions by parents and/or students:

1. Under Indiana law, Universal School of Plainfield will not operate as a virtual school. However, as a response to weather-related, heating, water, or other building issues, Universal School of Plainfield may be required to temporarily close the building at the discretion of the school or a local or state health department. During the course of such an emergency, Universal School of Plainfield will utilize virtual/remote/distance learning temporarily until local conditions allow us to safely return to the building. Intermittent virtual learning is temporary and will not be permanent. Universal School of Plainfield will post updates on the school website and contact affected families via email and phone.
2. School doors will open at 8:30 am and drop-off will be staggered to allow students to safely enter the building. **No students will be allowed to enter the school building before 8:30 am.** If any students are exhibiting signs of illness, they will be sent home until they have been cleared by a doctor and/or are symptom free for 24 hours. **A doctor or parent's note must accompany the student's return to school if the student misses two or more days.** To protect the safety of our staff and students, we will limit visitation and parents must have a scheduled appointment to enter the building. Students are to report directly to their classrooms, and class will start at 9:00 am.
3. School dismissal time is at 3:45 pm and will also be staggered. Parents should remain in their vehicles in a single file line along the curbside and wait for their children to be dismissed. **Students are to be picked up on time.** Parents who are unable to pick up their children on time are expected to be in contact with relatives, friends, or emergency back up to take over the picking up of their children. **Parents are considered late after 4:00 pm and additional fees will be charged.**
4. **Changes of home or work phone number, address, emergency contact, or emergency phone number** should be made known to the office as soon as the changes occur.
5. **Students are not allowed to use the school phone except in emergency situations.**
6. **Students are to be in proper attire at all times during school hours.** Students coming to school without proper attire will be sent home immediately.
7. **Parents are obligated to pay tuition and other fees.** School policy requires that report cards, transcripts, test scores, and other academic records will be withheld, and students will not be allowed to graduate or take their final exams until all tuition and fees are paid in full. All delinquent accounts from previous years must be paid in full before a student is permitted to register for the following school year. Failure to make payments will result in the student being removed from school. The Universal School reserves the right to collect all balance thru any other available ways or means.
8. **Other rules** as stated in the school handbook or letters also apply.

I have read and understand that the above rules will be enforced by Universal School of Plainfield staff to ensure the safe and educational environment of the School.

Parent Signature: \_\_\_\_\_

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

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## Dismissal Procedure Notification

The safety of your child is of the upmost importance at Universal School of Plainfield. In order to ensure your child's safety, we request that you fill in the form below to notify the school of the procedure in which you would like your child to be dismissed. Please return this form with your child to his/her teacher. This form will remain on file and teachers will follow the dismissal procedure that you choose.

Child's Name	Grade	Home Room Teacher

Parent's Name: \_\_\_\_\_

Check from the following dismissal procedures which you would like the school to follow:

- I will come to pick up my child at 3:45 pm. Please dismiss my child at 3:45 pm to meet me at the front of the school. (Please note that the car must be visible to the teacher from the dismissal area in order to ensure the safety of your child.)
- My child will be picked up by a sibling or an authorized adult. **(Please note that prior authorization through a signed release form is required.)**

If special circumstances arise and you need your child to be picked up in a manner that is different from the one you have chosen, you must provide the school with written notification. We **CANNOT** accept the verbal notification for a young child's dismissal. **Unless we receive written notification, your child(ren) will be sent home in the usual manner. All children left unattended after 4:00 pm will be placed in babysitting. Parents will be billed for the cost.**

Cars in pick-up and drop-off line must be kept moving as soon as the children are picked up and it is safe to do so. All parked cars or unattended cars must be in the designated parking areas.

Parent Signature: \_\_\_\_\_

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

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**RELEASE FORMS**

NAME OF STUDENT: \_\_\_\_\_ Grade \_\_\_\_\_

**(1) EMERGENCY MEDICAL CARE**

I/We authorize Universal School of Plainfield staff or designated agent to secure Emergency Medical Care for my child when we cannot be reached at the time of emergency. I/We will be responsible for the medical charges incurred. The name, address and phone of my child's doctor is on file at Universal School. I understand that my child may be transferred to a nearby emergency facility by public safety officers or staff or agents of Universal School of Plainfield.

\_\_\_\_\_  
*Parent's Signature* \_\_\_\_\_  
*Date*

Relationship to Child \_\_\_\_\_

**(2) FIELD TRIPS, EXCURSIONS, WALKING**

I/We authorize Universal School of Plainfield, its staff or agents to take my child on walking trips, excursions, or field trips. I/We authorize my child to ride in any vehicle owned or leased by the school, its agents or staff.

\_\_\_\_\_  
*Parent's Signature* \_\_\_\_\_  
*Date*

Relationship to Child \_\_\_\_\_

**(3) PHOTOGRAPHY**

I/We authorize Universal School of Plainfield, its staff or agents to photograph or videotape my child for use in presentations, promotions, and educational activities without compensation.

\_\_\_\_\_  
*Parent's Signature* \_\_\_\_\_  
*Date*

Relationship to Child \_\_\_\_\_

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## Parent Authorization and Permission for Administration of Medication

NAME OF STUDENT: \_\_\_\_\_ Grade \_\_\_\_\_

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Universal School of Plainfield and its employees or agents, on my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School), lawfully prescribed medication in the manner described above.

I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against Universal School of Plainfield, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify Universal School of Plainfield, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

I am requesting that the above named student take the following medication during school hours.

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Name of Medication	Type of Medication (tablet, liquid, or capsule)
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Dosage	Time(s) to be given
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Possible Side Effects

I will inform the school about any over the counter or prescribed medication that my child might be using later during any time in the school year.

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<i>Parent's Signature</i>	<i>Date</i>
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## School Records Release

**TO THE PARENTS  
OF THE APPLICANT**

Please complete this school records release form and return it with your completed application.

*Applicant's Name*

*Grade*

_____	_____
_____	_____
_____	_____
_____	_____

I grant permission to the proper authorities at:

\_\_\_\_\_  
NAME OF APPLICANT'S CURRENT SCHOOL

\_\_\_\_\_  
ADDRESS

To release a copy of the following of my child's record to Universal School of Plainfield:

- Academic Records
- Attendance Records
- Health Records/Certificates
- I.E.P. Reports (Individualized Education Program)
- Standardized Achievement Test Scores
- Teacher and/or Counselor Observations and Comments
- Record of Extracurricular Activities
- Other \_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**PLEASE SEND  
RECORDS TO**

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Plainfield, IN 46168  
(317) 203-5769

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## ACADEMIC PLACEMENT (For New Students Only)

In order to help the school to provide the best possible education for your children and others already enrolled, we must have basic information. Please answer the following questions to help us make the proper placement for your child.

NAME OF STUDENT: \_\_\_\_\_

Grade \_\_\_\_\_

Has the child attended Islamic School?  Yes  No

Name of School \_\_\_\_\_

Grade(s) \_\_\_\_\_

Type of Islamic School:  Weekend  Full Time

Language Spoken at Home \_\_\_\_\_

Does child speak this language?  Yes  No Read?  Write?

Does child speak Arabic?  Yes  No Read?  Write?

At the last school your child attended:

Were special services required?  Yes  No

Did child receive special education?  Yes  No

If yes, list the type of service \_\_\_\_\_

How many minutes a day or a week? \_\_\_\_\_

Do you have copies of the IEP?  Yes  No

Has child taken WIDA ACCESS/ Screener?  Yes  No

Has child received Bilingual education services?  Yes  No

Was child in a regular program all day?  Yes  No

Is there anything special we need to know to work better with your child?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date*

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**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY**

**ESL Home Language Questionnaire**

**Privacy Act Notice:** Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

**THIS FORM IS COMPLETED AT THE TIME OF STUDENT ENROLLMENT**

*Child's Name:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
*Grade:* \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Age:* \_\_\_\_\_

1. What language is commonly spoken in your home?  
\_\_\_ English    \_\_\_ Another Language (Please specify): \_\_\_\_\_
  
2. Does the child you are registering speak a language other than English? (Excluding foreign languages studied in school.)  
\_\_\_ No    \_\_\_ Yes    If yes: What language is spoken? \_\_\_\_\_
  
3. What language did your child use when he/she first began to talk?  
\_\_\_ English    \_\_\_ Another Language (Please specify) \_\_\_\_\_
  
4. Has your child attended English speaking schools?  
\_\_\_ No    \_\_\_ Yes    If yes: How many years? \_\_\_\_\_
  
5. What language does your child read and/or write?  
\_\_\_ English    \_\_\_ Another Language (Please specify) \_\_\_\_\_
  
6. What language do you most often use when speaking with your child?  
\_\_\_ English    \_\_\_ Another Language (Please specify) \_\_\_\_\_
  
7. What language does your child use most often when speaking to you?  
\_\_\_ English    \_\_\_ Another Language (Please specify) \_\_\_\_\_

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**ESL Home Language Questionnaire (cont.)**

8. If your child is cared for by another person on a regular basis, what language is most often used?  
 English     Another Language (Please specify) \_\_\_\_\_

9. Do you as a parent need to communicate with the school in a language other than English?  
 No     Yes    If yes, in what language? \_\_\_\_\_

If based on the results of this questionnaire it is necessary to conduct an evaluation, I understand and give my permission for:

1. My child to be evaluated using a standardized language proficiency test and/or academic achievement test to determine whether he/she is eligible for English as a Second Language (ESL) services. Additional information may be collected from my child's teacher(s) and his/her school records.

**AND**

2. Annual Spring testing to measure my child's academic and English language progress if eligible for services.

I understand that the ESL Teacher will share the results of the assessments with me when testing is completed.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



To be completed by ESL Teacher:

Recommendation:     Proficiency Testing     Records Review     No ESL Services  
Required

Signature of ESL Teacher: \_\_\_\_\_    Date: \_\_\_\_\_

**Distribution: Original to Student's Cumulative File, Copy to ESL Teacher**

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## Emergency Medical Contact Form

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

Grade: \_\_\_\_\_

I hereby give consent for the following medical care providers and local hospital to be called:

Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy No: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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## Past & Present Health Conditions

- No  Yes      Attention Deficit Disorder (ADD/ADHD)
- No  Yes      Allergies
- No  Yes      Asthma
- No  Yes      Bone/Muscle Condition
- No  Yes      Diabetes
- No  Yes      Chronic Ear or Throat Infections
- No  Yes      Emotional Problems
- No  Yes      Fainting / Sudden Loss of Consciousness
- No  Yes      Frequent Headaches or Migraines
- No  Yes      Head Injuries or any Major Accidents
- No  Yes      Heart, Blood Disease, or High Blood Pressure
- No  Yes      Hearing Loss
- No  Yes      Physical Handicap
- No  Yes      Seizure Disorder
- No  Yes      Skin Problems (i.e. acne, eczema)
- No  Yes      Urinary/Bowel Condition
- No  Yes      Vision Problems / Wears Glasses
- No  Yes      Hospitalizations / Operations
- No  Yes      Are there any other concerns?

## Medications

Medication/Reason Taking	Start Date/End Date	OTC or Rx	Dosage / Frequency	Taken at School? Y/N