



City of Knowledge School

ACCREDITED BY WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES

3285 N. Garey Avenue, Pomona, California 91767 USA Tel (909)392 - 0251 / Fax (909)392 – 0295 www.cityofknowledge.com

Office of Admissions

6th-12th APPLICATION FOR ADMISSION

Dear Parent and Applicant, Assalamu Alaikum

Admission to 7th-12th grade is limited only to students and families who understand, appreciate, and support this school's Islamic rules and rigorous academic program.

APPLICATION PROCEDURE

APPLICATION FORM: The applicant should complete Part A carefully in his or her own hand writing: the parent or guardian should complete Part B. Please attach a recent photograph.

FEES: After completing the application, please return it along with a non-refundable:

1. Registration Fee
2. Testing Fee

- **TO SECURE APPLICANT'S PLACE:** First month tuition deposit is required to secure a place in the school. This deposit is non-refundable if the family decided to terminate the application. However, if the school did not admit the student the first month tuition deposit will be returned in full but not the testing or registration fees.

TRANSCRIPT: The applicant's parent or guardian must complete the enclosed Student Records Release form and give it to the applicant's school counselor. The school will then forward the information directly to us.

LETTERS OF RECOMMENDATION: Please give recommendation form to your English, Math teacher, and one to a teacher of your choice or Principal. Complete recommendations should be sent directly to the *City of Knowledge School*.

INTERVIEW: All applicants and parents receive interviews prior to enrollment.

SURVEYS: All applicants and parents need to fill out a few surveys prior to enrollment.

TESTING: All applicants need to take the admission tests we offer in the *school*

PROBATION: All students who are admitted will be put on a probation period of one semester before they are considered permanent applicants



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STUDENT INFORMATION

Please
Attach
A Recent
Photograph

Student _____ Grade entering _____
Last First Middle

Address _____ City _____ Zip _____

Phone () _____ - _____ Birthday _____ Grade Entering _____

Birthplace _____ Age _____ Sex M F
City State Country

SCHOOL HISTORY

School last attended _____ Public _____ Private _____

Address _____ City _____ State _____ Zip _____

Grade in which enrolled _____ Phone () _____ - _____

List all the schools attended by the child

School Year(s)	Address	Grade(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____



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CONFIDENTIAL TEACHER’S RECOMMENDATION

Instructions to the Applicant:

Please fill out your name below. If you are applying for enrollment during our Fall Term, you should have three of these forms. Give one to your English teacher, one to your Math teacher and one to a teacher of your choice.

APPLICANTS NAME: _____ GRADE: _____

To the Teacher:

The above named student is a candidate for admission to *The City of Knowledge School*, a Pre-School through 12th grade, college preparatory, co-educational private day school with students from all over the United States and many foreign countries. Each student follows a challenging individual course of academic studies working at his or her own pace. The individualized nature of the programs generally makes it possible for students to enter at any point in the year.

The school expects that the students enroll with the aim of achieving scholastic competence and receiving strong college and/or career preparation, and it expects from its students a high level of integrity, purpose, initiative and responsibility.

We ask you to complete and return this recommendation as soon as possible. Your candid answers will help us to evaluate the appropriateness of our program for the candidate.

Dr. Haleema Shaikley
Principal

Have you been the candidates (circle) English teacher Math teacher, or _____ other?

How long have you know the candidate? _____

Please comment on this candidate’s academic performance, motivation, participation, attitude, strengths and weaknesses:



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CONFIDENTIAL TEACHER’S RECOMMENDATION

Please evaluate this student in the following categories:

	Outstanding	Excellent	Good	Fair	Below Average
Initiative					
Ability to work alone					
Academic potential					
Attitude toward learning					
Class participation					
Written expression					
Homework compliance					
Creativity					
Reaction to correction					
Leadership					
Communication with peers					
Rapport with faculty					
Sense of humor					
Conduct					
Emotional stability					
Concern for others					
Dependability					
Friendliness					

I recommend this student to *The City of Knowledge School*:

EnthusiasticallyConfidentlyWith reservations (if you answered “with reservations” please explain briefly below).

COMMENTS: _____



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TO BE COMPLETED BY APPLICANT

Name of Applicant : _____ Age: _____

Date of Birth: _____ Grade to be enrolled: _____

Present School: _____ School's phone number: () _____

Applying for enrollment from: _____, 20 _____.

Has applicant ever attended *City of knowledge School* ? Yes, in _____ No

From what person or publication did you hear about *City of Knowledge School* ? _____

- In which academic subjects are you most interested? Why?
- What are your career goals?
- Are there any subjects in which you feel you need some help? If so, which ones and what do you feel is causing the difficulty?
- What would you like to accomplish at *City of Knowledge School* ? (Please be specific)
- Do you work during the school year or vacation, either with or outside the home? If so, what are your responsibilities?
- Name one or two books you have read this past year. What type of books do you enjoy reading the most?
- Have you ever skipped or repeated a grade Yes No. If yes which grade? _____
- Please check the appropriate boxes to indicate your talents and interest. Also place an "X" by the area in which you have received an award or honor.

	Very Interested	Not Interested	Above Average	Average	<i>I would like to try this at City of Knowledge</i>
Reading					
Mathematics					
Science					
Creative Writing					
History					
School Leadership					
Drama					
Speech/Debate					
Art					
Quran Memorization					
Islamic Studies					
Computers					
Team Sports					

FAMILY INFORMATION

	FATHER		MOTHER
NAME		NAME	
ADDRESS		ADDRESS	
CITY	STATE ZIP	CITY	STATE ZIP
HOMEPHONE	()	HOMEPHONE	()
EMPLOYER		EMPLOYER	
WORK ADDRESS		WORK ADDRESS	
CITY	STATE ZIP	CITY	STATE ZIP
WORKPHONE	()	WORKPHONE	()
OCCUPATION		OCCUPATION	
AGE		AGE	
ED LEVEL		ED LEVEL	
INCOME		INCOME	

If parents are separated or divorced, with whom does applicant reside? _____

Who has legal custody? _____

Applicant's brothers and sisters:

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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PARENTAL QUESTIONNAIRE AND CONFIDENTIAL PRELIMINARY HEALTH REPORT

1. What would you like to see your child accomplish through his or her education at *City of Knowledge*?
2. Which of your child's qualities do you respect and admire most?
3. In extracurricular activities does your child generally continue with his or her own interests once begun?
 YES NO
4. How does your child usually spend his/her free time?
5. Is there an area of potential in our child that you would especially like developed further?
6. Is there any academic area or areas in which you would particularly like to see your child improve?
7. What type of things upset your child?
8. Describe briefly the relationship of the child with each parent.

If the answer to any of the questions is “yes”, please explain in full on the back of this paper.

9. Has your child ever had physical, mental, emotional, scholastic, or disciplinary difficulties? YES NO
10. Has he or she ever been prescribed Ritalin or any other drug for hyperactivity? YES NO
11. Are there any restrictions regarding his or her physical activities? YES NO

I certify that the above is complete and true and that the applicant is a normal child who is a safe companion for other children.

Signature of Parent Guardian with Legal Custody

Date