

# Iftiin Knowledge Academy



**The Mission** of Iftiin Knowledge Academy is to address the needs of a diverse group of students, their families, and their communities by building on the strengths of the student's cultural heritage and life experiences. Iftiin Knowledge Academy students will be educated and enlightened to become successful lifelong learners and valuable members of our community.

**The Vision** of Iftiin Knowledge Academy is to create a K-12th grade that is highly regarded for its academic excellence, providing a challenging learning environment for students, particularly in reading and math. In order to provide a successful student experience, we will build a supportive, collaborative community among students, parents, and staff, embracing diversity and honoring the unique contributions of each.

## **Dear Families,**

Welcome to the Iftiin Knowledge Academy community! We are excited that you and your student have chosen Iftiin Knowledge Academy, a home school satellite.

Iftiin Knowledge Academy is founded upon the belief that families are our partners in the work of meeting our mission, and we look forward to the successes of our students. Within a seamless elementary to high school, our students receive a high-quality college preparatory education that equips them to excel in selective colleges, earn professional opportunities, and demonstrate positive leadership. In Iftiin Knowledge Academy, students learn the foundational skills needed to master rigorous literacy and math curriculum. Our students will be armed with the academic knowledge and leadership skills needed to make smart choices in the future and have a positive impact on their community.

We want to highlight the section of this handbook that discusses your role in your student's experience at Iftiin Knowledge Academy. In order for us to realize our mission, we need your help.

We believe that parents and guardians are critical partners in ensuring their student's success.

Whether through formal or informal discussions, school events, or volunteer activities, we hope that we see and hear from you throughout the year. "This school is classified by the Tennessee Department of Education as a "Category IV Church-Related School" and is exempt from accreditation requirements per TCA 49-50-801. As such, students transferring to public or accredited private schools may be subject to testing for grade level placement [or to determine what credits will be accepted in the case of high school students]. Students graduating from Category IV schools, although often accepted at colleges and universities, may also be subject to additional testing requirements in order to be accepted."

We look forward to working closely with you.

(For office use only)

Received Date \_\_\_\_\_

Interview Date \_\_\_\_\_

Interviewed By: \_\_\_\_\_

Application Complete: \_\_\_\_\_



**Iftiin Knowledge Academy  
(IKA)**

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Immunization Records

\_\_\_\_\_ Proof of Address

## Student Application for IKA School Year: 2022-2023

**Please clearly PRINT all information.**

Please be reminded that any false documentation placed on this application will lead to your child's dismissal from Iftiin Knowledge Academy.

**STUDENT FULL NAME:** (as it appears on birth certificate)

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_ Social Security#: \_\_\_\_\_

Grade level applying for: (circle one) K, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup>.

Street Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City & State Zip: \_\_\_\_\_

Ethnicity (Race): \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

### PARENT INFORMATION

Mother's First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: (mother) \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: (father) \_\_\_\_\_

### STUDENT INFORMATION

Last Schools(s) Attended: \_\_\_\_\_

Does the student have a sibling(s) who currently attends Iftiin Knowledge Academy?

Yes\_\_ No\_\_ If yes, name/grade of sibling(s)? \_\_\_\_\_

**IFTIIN KNOWLEDGE ACADEMY**  
1423 4th Ave South  
Nashville, TN 37210  
Phone: 615-512-7593  
Fax: 615-577-8018



## **REQUEST FOR RECORDS**

**Student Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

The above student has enrolled in IFTIIN KNOWLEDGE ACADEMY  
in the \_\_\_\_\_ grade.

Please send his/her records as soon as possible.

Thank you for your assistance.

I give permission to release all school records for this student, including medical records, achievement testing scores, special education forms, psychological evaluations, disciplinary records, and a complete copy of the cumulative folder.

\_\_\_\_\_  
**Name of Parent or Guardian**      \_\_\_\_\_  
**Signature of Parent or Guardian**      \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of School Director**      \_\_\_\_\_  
**Signature of School Director**      \_\_\_\_\_  
**Date**