



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 strives to provide 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 success 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 required to make intelligent 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 parents and guardians are critical partners in ensuring their students' success. Through formal or informal discussions, school events, or volunteer activities, we hope to 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: 2024-2025

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, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th.**

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
67 Thompson Lane
Nashville, TN 37211
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