



## PACE WASHINGTON

3rd Floor, 17550 NE 67th Court • Redmond • WA 98052

Phone: (425) 686-8159 • Email: [contact@pacewa.org](mailto:contact@pacewa.org) • Website: [www.pacewa.org](http://www.pacewa.org)

### 2023-2024 ADMISSION APPLICATION (One per Student)

Student Name

\_\_\_\_\_  
(First Name) (Last Name)

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Gender:  M  F Grade: \_\_\_\_\_  
(mm/dd/yyyy)

Address

\_\_\_\_\_  
(Street) (Apt.)

\_\_\_\_\_  
(City) (State) (Zip)

Father / Legal Guardian

Name:

\_\_\_\_\_  
(First) (Last)

Address (if different from student)

\_\_\_\_\_  
(Street) (Apt.)

\_\_\_\_\_  
(City) (State) (Zip)

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ ID No: \_\_\_\_\_

Employer Address:

\_\_\_\_\_  
(Street) (City) (State) (Zip)

Mother / Legal Guardian

Name:

\_\_\_\_\_  
(First) (Last)

Address (if different from student)

\_\_\_\_\_  
(Street) (Apt.)

\_\_\_\_\_  
(City) (State) (Zip)

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ ID No: \_\_\_\_\_

Employer Address:

\_\_\_\_\_  
(Street) (City) (State) (Zip)

Siblings

Name	Age	Grade	School

<b>FOR PACE USE ONLY</b>			
Application Date: _____ <small>(mm/dd/yyyy)</small>	Decision Date: _____ <small>(mm/dd/yyyy)</small>	Accepted: Y <input type="checkbox"/> N <input type="checkbox"/>	
Registration Fee: _____	Check Number: _____	Date: _____ <small>(mm/dd/yyyy)</small>	
Subsequent Checks Submitted Yes / No		S O N D J F M A M J J	

I agree with the following clauses upon enrollment of my child to the PACE WASHINGTON also referred as PACE herein below:

1. I understand that I am personally responsible for all financial obligations (tuition and fees) incurred during the school year 2022-2023. I agree to pay all tuition and fees on their due dates as stated in the tuition schedule. The tuition fee commitment is for the entire year.
2. I understand each family must contribute a certain number of hours towards PACE co-op activities. I agree with the PACE co-op current requirement of 4 hours per family, per month. If I fail to fulfill my monthly co-op work commitment for any reason, I will pay \$20/hr for each missed hour. Having a helpful, cooperative spirit is an essential part of being at PACE Washington co-op.
3. I am responsible for any damages caused by my child. I also acknowledge that PACE WASHINGTON is not responsible for any lost, stolen, or damaged property of my child.
4. I will read the PACE Handbook and support the school’s goal and mission, Islamic values, and school policies. I will cooperate with the school for compliance with school’s rules and policies.
5. I agree with the PACE code of conduct and discipline policy as stated in the Handbook. The school has full authority to discipline my child in a reasonable manner according to the standards set by PACE.
6. I understand that students are released from the school facility only to individuals listed on the student registration and carpool form (including Emergency contact form). The person picking up the child must be at least 18 years of age and in possession of a valid picture ID.

7. I will be an active participant in my child’s education and I shall uphold the PACE partnership pledge.

8. Permission is granted for my child to attend scheduled field trips and other school activities. I understand that I am required to complete “Liability Release Form” and “Permission Slip” before my child is allowed to participate in any PACE activity.

9. Permission is granted for my child to take small walks on the MAPS premises and its surrounding areas (within a 1-mile radius) under the supervision of PACE staff/volunteers.

10. Permission is granted for my child to be in school pictures and videos for the use of school special events, and for viewing by parents, guardians and staff. I understand that photographs and videos of my child will only be released for advertisement, school publications, and/or school website with my permission.

11. I understand that I must adhere to the sickness policy. I shall make arrangements for my child to be picked up from the school when illness symptoms are observed.

12. I understand that the school has the right to dismiss any student who does not adhere to the Islamic behavior and/or PACE academic standards.

13. Delinquent account and/or unruly parent behavior may result in student dismissal from PACE WASHINGTON.

14. PACE WASHINGTON admits students of any race, color, nationality or ethnic background. The school reserves the right to refuse admission to anyone for reasons, but not limited to, in compliance with the school’s Islamic code of conduct, academic standards, and school policies.

**Father / Legal Guardian**

**Mother / Legal Guardian**

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

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

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

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

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

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

**Tuition / Fee for 2023-2024**

Admission Fee: \$195.00

Monthly Program Fee: \$495.00 (Kindergarten)

Monthly Program Fee: \$475.00 (1<sup>st</sup> to 10<sup>th</sup> Grade)

Siblings/PACE Staff Discount Monthly Fee: \$425.00

School Supplies: \$50.00