

In The Name of Allah, the Most Merciful the Most Compassionate



Guide Academy, CT

(Connecticut Branch)

Student Forms
2025-2026

49 Katrina Cir
Bethel, CT 06801

GuideAcademy.org
Info.ct@guideacademy.org

Guide Academy, CT

49 Katrina Cir. Bethel CT, 06801 Phone: (951)376-9898 Email: info.ct@guideacademy.org

Guide Academy admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

Dear Parents of _____,

Below is a list of items that are included in this registration packet that needs to be completed and reviewed. The most important is the Health Assessment form that is filled out by their pediatrician.

Enclosed Forms:

- Admission Agreement
- School Registration Form 2025-26
- Enrollment Form
- Emergency Card
- Pick-up Authorization
- Permission for Pictures
- Waiver of Liability Contract
- Child Enrollment & Emergency Medical Care form
- Authorization for the Administration of Medication
- Field Trip Permission Slip
- Student Supplies List
- Snack/Item Menu to be provided by parents based on their week
- School Uniform
- Birthday Policy
- School Year Calendar
- Student-Parent Handbook



Admissions Agreement

49 Katrina Cir. Bethel CT, 06801 Phone: (951)376-9898 Email: info.ct@guideacademy.org

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Dear Parents,

To ensure you and your child have a pleasant experience at Guide Academy and to enable us to plan effectively, please return this admission agreement by August 1, 2025.

Guide Academy does not discriminate against any individuals based on race, religion, ethnicity, or cultural background but is determined to keep a rigorous academics and ethical environment for the school. Therefore, the following admission process is in place:

- a. Interview with the parents to explain the program and determine the need of the child
- b. Student testing and/or interviews
- c. Home visits by the teachers

For the children's house program (Primary classroom) children joining are expected to eat, toilet, and care for themselves (clothing, shoes). Please note that if your child can not do any of the following, they may not be ready for the children's house.

Discipline Policy

Guide Academy is committed to providing children a safe, nurturing, and loving environment. The goal of discipline is "helping the child gain self-control through learning appropriate behavior". Please refer to Student- Parent Handbook for further details.

Grounds for Termination:

Guide Academy strives to train outstanding professionals with excellent values. The teachers/staff and administration will be trying their best to help the children achieve their fullest potential. Once the discipline policy (refer to parent-student handbook) does not work for a student and the student does not follow the school/classroom rules, the teacher/staff will provide verbal warnings followed by a written notice. 2 written notices will result in a suspension and the 3rd suspension is grounds for dismissal. Physical and/or mental abuse is NOT tolerated and will result in more warnings based on the teacher's discrimination.

In case parents are not happy with the performances of a teacher/staff or administration of the school, the Licensing Agency's authority can be notified to inspect the facility and interview the children in care.

The school administration and teacher/staff will try their best to help the students by having multiple meetings with the parents and designing procedures to meet his/her needs. If these procedures don't work, school staff/faculty will meet and in case it is determined that the school does not have the resources to accommodate the student, parents/authorized guardian will be given a 30-day notice of termination of agreement.

Guide Academy will be routinely in contact with a qualified psychologist in regards to the emotional well-being of the students. The parents are required to trust the faculty and administrators of Guide Academy, and to discuss any concerns they might have with the administration.

We are looking forward to a successful new year and truly appreciate you entrusting your children with us.

Yours sincerely,
Guide Academy, CT

I understand the admission agreement for my child, _____, for the 2025-2026 school year (September to June). I further understand that if the school representatives determine that the school does not have the resources to help my child, I will be provided a 30-day notice before his/her admission is terminated and the **non-refundable** Registration and Material Fees will not be returned. I have read and understand the payment plan and agree to the terms presented.

Parent Signature

Date



GUIDE ACADEMY, CT

49 Katrina Cir. Bethel CT, 06801 Phone: (951)376-9898 Email: info.ct@guideacademy.org

Registration From 2025-26 (Contract)

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Child Information (Please Print Clearly)

Child's full name: _____

Birth Date: _____ Age: _____ Gender: _____ Country/State of Birth: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Which Program would you like to sign up for? (Only applicable to children 2.5 years and older)

- ☐ Full Time (9:00am-3:00pm) (PreK, Kindergarten, Elementary - \$800/month **with \$500 discount for the first month if registered by July 25th**
- ☐ Part Time (9:00am-12pm) -**\$500/month- PreK/TK Only**
- ☐ Part Time (3 days a week) (9:00am-3:00pm) **\$550/month - PreK/TK Only**
- ☐ Part Time (2 days a week) (9:00am-3:00pm) **\$450/month - PreK/TK Only**
- ☐ Before and Aftercare -**\$15.50/hour**

Please refer to Payment Plan for further details.

If applicable, last school Attended:

Name: _____

Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ District: _____ Last Grade completed: _____

Students Legal Guardian **(Please print clearly)**

Both parents ____ Father Only ____ Mother Only ____ Other _____.

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Payment Plans and Discounts		
Annual Tuition September 2024 – June 2025		
Pre-K, K, & Elementary Program Monday – Friday 9:00 AM – 3:00 PM		\$8000 per year for the first child (10 months) \$800 per month *Last Month (June) must be paid upon enrollment
Day care is also available Monday – Friday 7:00 – 9:00 AM & 3:00 – 7:00 PM		\$15.50 per hour / each child
Plan A – Full Payment	Student qualifies for a 5% discount only if tuition is paid in full amount (ONLY FOR THE FIRST CHILD) before September 3, 2025.	
Plan B – Semi – Annual Payment	Student qualifies for a 2.5% discount when tuition is paid SemiAnnually. First half of tuition will be due on September 3, 2025, and the second half on January 13, 2026.	
Plan C – Month-to-Month Payment	Students will not qualify for any discount. Payments will be due on the first day of each month beginning with September 03, 2025, and ending on May 1, 2026. Late Fee of \$50.00 will be assessed after the 10th of the month. *Last month tuition is collected during the first month (non-refundable)	
Sibling Discount: \$100 Note: Payment Discounts and Tuition Assistance do not apply to Part-Time Enrollees		
Additional Annual Fees (non-refundable)		
Application Fee	New Applicants Only	\$25.00
Registration Fee	Per Applicant	\$100.00
Materials & Activity Fee	Full & Part- Time Program	\$600.00
SAT Test (K-4 th grade)	Per Child	\$100.00
Pizza	Per Child	\$72 for 9 months (\$8/month)
Language Book (Elementary)	Per Child	\$40
Lunch (Optional)	Per Child	\$150/month or \$14/ day
Volunteer Hours Donation or 30 hours per year Late Pick-Up Fee Late Drop Off Fee		\$250.00 per year \$1.00 per minute \$10.00 after first 10 minutes
Tuition must be paid regardless of child attendance. Should unforeseen circumstances necessitate the withdrawal of a student, a minimum of two (2) months’ prior written notice is required. Failure to provide this notice will result in the forfeiture of two (2) months’ tuition fees, which shall be payable in lieu of notice.		



Guide Academy

121 S. Citron Street, Anaheim, CA 92805 Phone: (714) 603-7811 Fax: (657)208-3027 Email: info@guideacademy.org

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Dear Parents,

The 2025-2026 school year will begin on Tuesday, September 9, 2025. Tuition for the new school year will be \$800 a month per student.

To ensure your child/children a spot in their class and to enable us to plan effectively, please return the attached enrollment form along with your \$600 payment (Non-refundable deposit) by July 25th 2025.

Your deposits will go towards your child's 2025-2026 supplies.

If you need to make special arrangements regarding deposits, please bring your enrollment form to the office and speak to the administrator.

We are looking forward to a successful new year and truly appreciate you entrusting your children with us.

Yours sincerely,

Guide Academy



GUIDE ACADEMY ENROLLMENT FORM
2025-2026 School Year

Please accept my \$600 **non-refundable Supply Fee.*** I understand that this will secure a place for my child, _____, for the 2025-2026 school year.

This money will be applied toward supplies for the year 2025-2026. I further understand that my \$800.00 non-refundable June 2026 tuition, the \$100.00 **non-refundable Testing Fee** (grade Kinder-12) and the \$100.00 **non-refundable** Registration Fee are due on July 25th, 2025.

This deposit for June 2025 tuition is non-refundable to students withdrawing during the school year and will not be applied to any other month.

Parent Signature,

Date

If deciding to forgo enrollment for the 2024-2025 school year:

My child, _____, WILL NOT be returning for the 2025– 2026 school year.

Parent Signature,

Date

Guide Academy does not discriminate and admits students of any race, color, and national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.

OFFICE USE ONLY

2025-2026 Grade: _____

Amount Paid \$ _____

Registration Fee \$ _

Deposit \$ _____

Testing Fee (Kinder-12) \$ _

Supply Fee \$ _____

Balance Due \$ _

Arrangements:

_____.

Legal Guardian's Information: (Please print clearly)

Mother's Last Name: _____ First Name: _____ Middle _____ Initial: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
E-mail: _____

Father's Last Name: _____ First Name: _____ Middle Initial: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
E-mail: _____

Other Legal Guardian

Last Name: _____ First Name: _____ Middle _____ Initial: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

NOTE: If student is not residing with parents, proof of custody must be supplied upon admission.

Please request all school records to be sent to Guide Academy by the registration date.

As parents, we understand that _____ is admitted for the full term (September 2025- June 2026) and that no refunds will be made for any reason. We further understand that a late charge of \$25 per month will be applied to my account if tuition is past due by ten (10) days. Additionally, there will be a \$20 service fee for all returned checks by the bank. I further agree to pay all legal fees incurred if a collection process is necessary to obtain tuition. Please make a copy for your file.

Signature of Parent or Guardian

Printed Name

Date

49 Katrina Cir
Bethel, CT 06801
Phone: (951) 376-9898
GuideAcademy.org (Connecticut Branch)

Email: Info.ct@guideacademy.org

Guide Academy Emergency Card

<hr/>		SPECIAL MEDICAL CONDITIONS	
(last)	StudentName	(First)	<hr/>
<hr/>		<hr/>	
Teacher		<hr/>	
<hr/>		<hr/>	
ALLERGIC TO		<hr/>	
<hr/>		<hr/>	
<hr/>		<hr/>	
<hr/>		<hr/>	

IN CASE OF EMERGENCY AND PARENT CANNOT BE REACHED, CHILD CAN BE RELEASED TO:

<hr/>	<hr/>
Name	Phone
<hr/>	<hr/>
Name	
Picked up by:	
<hr/>	



GUIDE ACADEMY, CT

49 Katrina Cir. Bethel CT, 06801 Phone: (951)376-9898 Email: Info.ct@guideacademy.org

I hereby only authorize the following persons:

_____ (DL# _____) on Date _____
_____ (DL# _____) on Date _____
_____ (DL# _____) on Date _____
_____ (DL# _____) on Date _____

To pick up my daughter/son (_____) from Guide Academy.

If you have any question call me at (_____) _____ - _____

I understand, that if my child will be picked up by a relative or friend, I will send an email to info.ct@guideacademy.org or text cell# (951) 376-9898 with a picture of their Driver's License.

Name: _____

Signature: _____



GUIDE ACADEMY, CT

Permission for Pictures

49 Katrina Cir. Bethel CT, 06801 Phone: (951)376-9898 Email: Info.ct@guideacademy.org

Dear Parents,

We are arranging for your children's pictures to be put on our website and/or advertisements such as facebook and instagram. By signing this statement you are giving Guide Academy permission to use your children's videos/pictures for advertising.

I understand that this is for advertisement or informational purposes and I will not be compensated for it.

Thank you,
Guide Academy
Administration

Parent Signature

Date

Child's Name



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WAIVER OF LIABILITY CONTRACT

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We look forward to working with you and your child this year and we thank you for your attention.

This Student – Parent handbook is the sole proprietary ownership of Guide Academy. Guide Academy reserves the right to make revision or changes without prior notice.

IN WITNESS WHEREOF: the Parent/Guardian and Student here to have read all the pages of this student – Parent handbook and agree to follow all the rules and regulation as to the date hereof, and agree to the Tuition and Fee schedules. To maximize the educational experience of our child, we (parents) agree to attend all parent conferences and parent education sessions. Parents need to review this contract further and should see administration for any questions they may have.

Please Print Student's Name_____.

Parent/Guardian Name: _____.

Date: _____Signature: _____.

Comments, Suggestions, Advice:



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Influenza Form

_____ has received the influenza
vaccine on _____.

Please have the form stamped or signed by Pediatrician.

Dr. Signature/Stamp _____

Address _____

Phone number _____

CHILD ENROLLMENT FORM

Date of Application: _____ Date of Enrollment: _____ Last Day of Enrollment: _____

Attention Provider: This information must be kept current at all times and shall be kept file for one year after the child ceases to be enrolled in the family child care home.

Child's Name: _____ Child's Date of Birth: _____

Child's Address: _____ City: _____ Zip Code _____

Parent/Gaurdian Name: _____ Address: _____

City: _____ Zip Code: _____

Home Telephone #: (____) _____ Cell #: (____) _____

Emergency Contact # (____) _____ e-mail Address: _____

Employer: _____ Work #: (____) _____

Employer's Address: _____ City: _____ Zip Code _____

Parent/Gaurdian Name: _____ Address: _____

City: _____ Zip Code: _____

Home Telephone #: (____) _____ Cell #: (____) _____

Emergency Contact # (____) _____ e-mail Address: _____

Employer: _____ Work #: (____) _____

Employer's Address: _____ City: _____ Zip Code _____

.....
My Child's Weekly Child Care Schedule:

<u>Day(s)</u>	<u>Hours</u>
Monday _____	_____
Tuesday _____	_____
Wednesday _____	_____
Thursday _____	_____
Friday _____	_____
Saturday _____	_____
Sunday _____	_____

Signature of Parent or Guardian: _____ Date: _____

WRITTEN PERMISSION FORM

Child's Name: _____ Child's Date of Birth: _____

Child's Address: _____ City: _____ Zip Code: _____

Persons permitted to remove the child from the child care home on behalf of parent.

Name: _____ Address: _____ City: _____ Zip Code: _____
Phone #: (____) _____ Relationship: _____

Name: _____ Address: _____ City: _____ Zip Code: _____
Phone #: (____) _____ Relationship: _____

In an emergency, adults to be contacted if parent cannot be reached and to whom the child can be released.

Name: _____ Address: _____ City: _____ Zip Code: _____
Phone #: (____) _____ Relationship: _____

Name: _____ Address: _____ City: _____ Zip Code: _____
Phone #: (____) _____ Relationship: _____

Child's Emergency Medical Care Provider:

Name: _____ Phone #: (____) _____
Address: _____ City: _____ Zip Code: _____

Child's Physician: Name: _____ Phone #: (____) _____
Address: _____ City: _____ Zip Code: _____

Child's Dentist: Name: _____ Phone #: (____) _____
Address: _____ City: _____ Zip Code: _____

My family child care provider and or approved substitute, have my permission to:

- Transport my child for any activity away from the family child care home. The provider is responsible for notifying me of days and times that these activities will occur ____ Yes ____ No
- Allow my child to participate in any activity away from the child care home ____ Yes ____ No
- Transport my child in case of an emergency to the Emergency Medical Care Provider, Physician or Dentist listed above and or to seek medical attention in an emergency at: _____ ____ Yes ____ No
(name of hospital or walk-in clinic)
- Include my child in swimming when recreational swimming is part of the family child care program ____ Yes ____ NO I understand it is my responsibility to outline these provisions to the provider
- Arrange for transition of my child to and from school including, but not limited to, transportation, exact bus pick up and drop off locations, and supervision to be provided during transitioning ____ Yes ____ No
I understand that I must provide written permission and instructions specifying these arrangements.

The provisions outlined on this form have been worked out in consultation with me and my family child care provider. ____ Yes ____ No

Signature of Parent or Guardian: _____ Date: _____

Medical Information

Known Allergies: _____ Last Tetanus: _____

Insurance Carrier: _____ Insurance ID: _____

Child's Physician: Name: _____ Phone #: (____) _____

Address _____ City: _____ Zip Code: _____

Child's Dentist: Name: _____ Phone #: (____) _____

Address _____ City: _____ Zip Code: _____

Emergency Authorization

I give my consent for the First Aid and CPR certified staff of (program's name) _____, to administer first aid and CPR to my child and to contact the above named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

Preferred Medical Facility: _____

Behavior Management and Parent Handbook

I acknowledge that I have read the parent handbook and agree to abide by the policies contained in it and that the techniques used to manage child behaviors in the facility have been discussed with me prior to enrollment.

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____



GUIDE ACADEMY, CT

Authorization for Emergency Care

49 Katrina Cir. Bethel CT, 06801 Phone: (951)376-9898 Email: Info.ct@guideacademy.org

Child's Name: _____

In the event WE cannot be reached in an Emergency, I hereby give permission to the school's director or teacher to give proper treatment for my child. This includes permission for a certified staff to administer First Aid, contact the EMS by calling 911 and/or transporting the child to the appropriate medical professionals so that may tend to the needs of my child.

Child's Primary Care Physician (Name & Phone Number)

Child's Primary Dentist (Name & Phone Number)

Parent/Guardian Signature

Date



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Field Trip Permission Form

I hear by give permission for my child,

Child's name

to go on field trips with Guide Academy, CT. I understand that I may need to transport and pick-up my child from the field trip.

I also give permission for the teachers to go for walks around the school property with my child.

Please note: The State of CT requires this form to be kept on file for each child.

Permission slips will be sent home for each individual field trip out going and incoming field trips.

Parent/Guardian Signature

Date



Guide Academy's Student Supply List

Preschool/Kindergarten:

- 2 sets of extra clothes in ziploc bag with their names (to be kept at school)
- Water bottle with their name
- Utensils for lunch
- A set of sheets, pillow and blankets for children 4 and under (to be washed every Friday and returned Monday)
- Snow pants, winter hat, gloves/mittens for cold/snow days & rain boots

Lower Elementary:

- 8 notebooks for different subjects
- 2- pocket folder (2) – one for homework, other for reading log

Upper Elementary:

- 10 notebooks for different subjects
- Protractor
- Compass
- Calculator
- Ruler
- 2-pocket folder (2) – one for homework, other for reading log



Guide Academy Snack & Supplies

Every week, a family will be requested to send a series of fruits, vegetables and flower bouquet.

The list includes the following:

	Monday	Tuesday	Wednesday	Thursday	Friday
Snack	Vegetables with crackers	Fruits with cheese	Vegetables & Bars	Crackers & Cheese or yogurt	Vegetables and Fruits
Lunch	Rice & Stew	Chicken/Turkey or Fish with Vegetables	Lentils & Rice, yogurt	Veggie Burger/veggie frittata/Bean & Noodle Soup	Pasta/pizza/mac & cheese

Some fruits include:

Orange, Grapes, Cucumber, Apples, Strawberries, Watermelon, Tangerine, Pears, Bell peppers

Some vegetables include:

Carrots, Celery, Broccoli

Dairy:

Yogurt, Cheese, Milk, Hard boiled eggs

*Please note: Teachers will send out a list with exact portions. The above menu is based on the fresh seasonal fruits and vegetables, snacks maybe mixed and changed dependent on market availability. **The child decides how much to eat but if the child is NOT making the right choices then the above portions are encouraged.** Snacks are served anytime the child wants between 10:00 to 12:00 noon or 3:00pm to 7:00pm. Lunch is served between 12:30pm to 1:30pm.



Birthday Policy

49 Katrina Cir. Bethel CT, 06801 Phone: (951)376-9898 Email: Info.ct@guideacademy.org

Birthday's are a special occasion and Guide Academy welcomes celebrations. We refer to them as "celebration of life". There are some important information regarding Birthday celebrations and snacks:

- Prior arrangements must be made with their teacher.
- Birthday celebrations cannot take away from class time so it must be done during lunch/recess time. For PreK-KG it could be between the last 30 minutes.
- Guide Academy promotes Reading; therefore a "Taste of a Book" is encouraged by the Birthday student instead of a "Taste of a Cake".
- We suggest a small, healthy birthday treat that follows our wellness policy (if desired).
- Snacks that need to be cut or assembled in school are discouraged, as they will impede upon instructional time.
- If a treat is provided, it will be required to have small plates, napkins, and/or utensils, etc.
- Due to an increasing number of food allergies, pre-packaged treats are recommended. Please send the ingredients and nutritional information the day before by providing a picture and emailing it to teacher/office staff. We are a peanut-free school, so no peanuts allowed.
- You may also offer lunch such as pizza, but please let us know prior to informing the parents.
- Select and bring a picture representing each year of your child's life. You may place them on a poster. If your child is now 5 years old, bring 5 pictures (including one for the day (s)he was born).



Guide Academy Uniform and Dress Code

Boys Uniform PreK – 8th Grades

Shirts:

Light blue polo shirt - long sleeve and/or short sleeve

- Long sleeve polo shirts can be purchased here: [The Children's Place](#) (in the color BROOK)
- Short sleeve pique polo shirts can be purchased here: [The Children's Place](#) (in the color BROOK)
- For cooler months, a long sleeve polo shirt is an option for boys as shirts will not be allowed to be worn under the short sleeve polo shirt



Pants:

Navy blue pants, relaxed fit

- Pants can be purchased from [The Children's Place](#)
- [Khaki Pants for Tick Season \(March – November\)](#)

Jackets/Sweaters:

Light sweater (indoors): Navy blue zip sweater or windbreaker (optional)

- Zip sweater can be purchased here: [The Children's Place](#)
- Windbreaker can be purchased here: [The Children's Place](#)

Heavy Jacket/Coat (outdoors): any color



Shoes:

White, navy, or black sneakers/walking shoes with rubber soles

- No dress shoes, sandals, boots, or clogs
- Rainboots can be worn on rainy days
- All students should have two pairs of shoes: "outdoor shoes" and "indoor shoes"

School Patch/Logo:

- The logo is **mandatory** on all polo shirts for boys
- The logo is **mandatory** on all indoor sweaters



Guide Academy Uniform and Dress Code

Girls Uniform PreK – 8th Grades

Shirts:

Light blue polo shirt - long sleeve (short sleeve for PreK/K allowed)

- Long sleeve polo shirts can be purchased here: [The Children's Place](#) (in the color DAYBREAK)
- Short sleeve polo shirts can be purchased for girls in PreK/K only: [The Children's Place](#) (in the color DAYBREAK)



Jumper:

Navy blue box pleat jumper

- Jumper (item #1688) **must** be purchased from [French Toast](#)



Pants:

Navy blue leggings or pants

- Leggings can be purchased here: [The Children's Place](#), or any retail store that sells navy blue leggings
- We suggest thicker jeggings for improved quality, which can be purchased here: [The Children's Place](#)
- For older girls, we suggest pants which can be purchased here: [The Children's Place](#)
- [White Leggings for Tick Season \(March – November\)](#)



Jackets/Sweaters:

Light sweater/jackets (indoors): Navy blue cardigan, zip sweater, or windbreaker (optional)

- Cardigan can be purchased here: [The Children's Place](#)
- Sweater can be purchased here: [The Children's Place](#)
- Windbreaker can be purchased here: [The Children's Place](#)

Heavy Jacket/Coat (outdoors): any color

Hijab:

One piece hijab or wrap in navy blue or light blue color

- One piece girls hijab can be purchased here [Middle Eastern Mall](#) or at [The Islamic Place](#), or wherever available
- Wrap or scarves can be purchased [online](#) or wherever available
- The hijab must be secured in the same manner as the one-piece hijab, to ensure hair and neck are modestly covered

Shoes:

White, navy, or black sneakers/walking shoes with rubber soles

- No flats, dress shoes, sandals, boots, or clogs
- Rainboots can be worn on rainy days
- All students should have two pairs of shoes: "outdoor shoes" and "indoor shoes"

School Patch/Logo:

- The logo is **mandatory** on all jumpers for girls
- The logo is **mandatory** on all indoor sweaters





Guide Academy Uniform and Dress Code

School Logo/Patch

- Please make sure the school logo that is used is as pictured here
- The logo must be sewn onto the shirt or sweater on the left-hand side as pictured
- Logos are **\$5 each**
- Every piece being worn (for boys: cardigans and shirts; for girls: cardigans and jumpers) **must** have a logo
- After you receive your uniforms, you can drop off any piece of clothing that needs a logo and we can assist in sewing the school logo on

