

## Ottawa Islamic School REGISTRATION FORM For Returning Students 2021/2022

### PARENTS / GUARDIAN INFORMATION

# • Please note that proof of address is required for returning students

First Name:		Last Name:	Relationship to child (	ren):	
Address with postal code:		Home phone:	Cell phone (ren):		
First Name:		Last Name:	Relationship to child (	ren):	
Address with Postal code (if d	ifferent from above)	Home phone:	Cell phone:		
Parent/Guardian E-mail:					
Parent/Guardian E-mail:					
Student lives with  Both pa	rents D Mother alc	one  □ Father alone	□Guardian		
Citizenship					
Citizenship Status of child (	ren) in Canada:				
If any of your children diffe	r in status please indi	cate below:			
In case of an eme	ergency, the school s	should contact (other t	han parent(s) or guardians)		
Name:	Relation to student:	Telephone Number:	Address:		
LParent / Guardian S	ignature:	· · · · · · · · · · · · · · · · · · ·	Date:		
Principal Signature:			Date:		

# OTTAWA ISLAMIC SCHOOL 2021/2022 Please write all students who will be attending the school.

JK	Grade(s)	Student Name(s)	Male /Female	Date Of Birth YYYY/MM/DD	Returning Student	New Student	Bus
Grade 1	JK						
Grade 2	SK						
Grade 3	Grade 1						
Grade 4	Grade 2						
Grade 5	Grade 3						
Grade 6	Grade 4						
Grade 7	Grade 5						
Grade 8	Grade 6						
Grade 9	Grade 7						
Grade 10   Grade 11   Grade 12   PAYEE INFORMATION     Payee Name:     Payee Name:     Phone Number:     Postal Code:     FOR FINANCE OFFICE ONLY   Type of Payment     Postal Code:     Postal Code:	Grade 8						
Grade 11   Grade 12   Grade 12   PAYEE INFORMATION     Payee Name:   Payee Name:   Payee Name:   Postal Code:   Postal Code: <td>Grade 9</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Grade 9						
Grade 12     PAYEE INFORMATION     Payee Name:           Payee Name:           Payee Name:                    PAYEE INFORMATION                   Postal Code:      FOR FINANCE OFFICE ONLY    Type of Payment   Cycle   Direct Debit   Direct Debit   Direct Debit   Direct Debit   Direct Debit   State    Total: Total: Total:	Grade 10						
PAYEE INFORMATION   Payee Name: Phone Number:   Address: Postal Code:   Address: Postal Code:   FOR FINANCE OFFICE ONLY   Type of Payment   Cycle   Direct Debit   Direct Debit   Direct Debit   Monthly fees   \$   Registration fee	Grade 11						
Payee Name: Phone Number:   Address: Postal Code:   FOR FINANCE OFFICE ONLY Postal Code:   Type of Payment Yearly Monthly   Cycle 20th of each month   Direct Debit 1st of each month   Monthly fees \$   Registration fee \$	Grade 12						
Address:       Postal Code:         FOR FINANCE OFFICE ONLY       Yearly Monthly         Type of Payment       Yearly Monthly         Cycle       20 <sup>th</sup> of each month         Direct Debit       1 s <sup>t</sup> of each month         Monthly fees       \$         Registration fee       \$         Total:	PAYEE INFOR	MATION					
FOR FINANCE OFFICE ONLY         Type of Payment       □ Yearly □ Monthly         Cycle       □ 20 <sup>th</sup> of each month         Direct Debit       □ 1 <sup>st</sup> of each month         Monthly fees       \$         Registration fee       \$         Total:	Payee Name:		Phone	Number:			
Type of Payment       □ Yearly □ Monthly         Cycle       □ 20 <sup>th</sup> of each month         Direct Debit       □ 1 <sup>st</sup> of each month         Monthly fees       \$         Registration fee       \$         Total:	Address:		Postal	Code:			
Cycle       □ 20 <sup>th</sup> of each month         Direct Debit       □ 1 <sup>st</sup> of each month         Monthly fees       \$         Registration fee       \$         Total:				-			
Direct Debit     □ 1 <sup>st</sup> of each month       Monthly fees     \$       Registration fee     \$   Total:							
Monthly fees     \$       Registration fee     \$       Total:	Direct Debit	<b>ct Debit</b> $\Box$ 1 <sup>st</sup> of each month					
Total:	Monthly fees			\$			
	Registration fe	e		\$			
Finance Signature:         Date:         Stamp:				Total:			
	Finance Signature	2:	Date:	Stamp:			

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# **Bus Registration Form**

# 2021/2022

	2021/2022
Parent's/ Guardians Name:	
Street Address:	
Postal Code:	
Phone Number:	
Date Applied:	Time Applied:
Students Name:	Entering Grade:
Approved	Not Approved
Bus Driver's Signature:	
Date Approved:	



#### Parental Agreement Form Academic Year 2021- 2022

In consideration for the enrollment of my child/children in the Ottawa Islamic School (OIS);

- 1. I agree to pay, on the specified times, all tuition fees, dues, accounts, and other indebtedness incurred by the student.
- 2. I agree, once the student is granted admission to OIS, none of the paid fees is refundable.
- 3. In the case of absence, withdrawal or removal from the school or any of its services, I am still obliged to notify the school one month in advance via email and pay all applicable fees up until the month of removal.
- 4. I understand that I am responsible to pay the whole month's school fees, even if my child is admitted in the middle or end of the month (fees will not be prorated).
- 5. I further understand that:
  - a) If tuition fees are outstanding, the student will not be eligible to resume classes until such time as the outstanding amounts has been cleared.
  - b) In the event that any school related fees, textbooks, library books, or any other material belonging to OIS are outstanding, report cards or transcripts will not be issued until such time as the outstanding fees has been cleared.
- 6. I understand that a probation period of 3 months will be applied to all new students.
- 7. I agree to uphold all the school rules, policies and procedures.
- 8. I agree that OIS reserves the right to reconsider a student's enrollment or re-enrollment at OIS in the event of:
  - a) When, in the view of OIS, it is unable to meet the educational or social/emotional needs of a student
  - b) Lack of parental support of the teachers' work that risks progress and healthy development of the students. For example, persistent non-attendance at parent/teacher interviews, non-support of homework, persistent lateness and/ or unacceptable levels of absence, disregard of school rules, persistent non-compliance with recommendations etc.
- 9. I agree to provide all supporting documentations required on "Registration Form"
- 10. I hereby grant for my child to use all the play equipment and to participate in all school activities.
- 11. I understand that OIS does not have the resources or facilities to accommodate special need students, gifted or students with learning and physical disabilities.
- 12. I understand that the students will arrive at school not before 8:30 and not after 9.00 am. A student that arrives at school after 9am will be marked late. If a student has persistence/chronic late disciplinary action will be taken.
- 13. I understand that students do not (arrive before 8:30am) and not (stay after 3:30 pm). I understand that times outside of these times are subject to charges as per after school policy.
- 14. I understand that OIS or its teachers or its students are not responsible for the activities of individual students on social media platforms.
- 15. As the parent and child, we agree to use the internet and other related technology with responsibility:
  - a) Not posting on the internet or texting anything that maybe embarrassing or hurtful to others and the school.
    - b) Respecting the privacy of others.
  - c) To abide by all the laws, regulations related to cyber use.
- 16. I understand and agree that OIS will not be responsible for anything that may happen as a result of false information given or information withheld at the time of enrollment and any such false information may lead to my child's dismissal from the school.
- 17. I understand that a positive and constructive relationship between OIS and me (parent, student guardian) is essential to the school's educational purpose and responsibilities to its students. Any serious concerns grievance, suggestions must be brought to the school administration along with the parents.
- 18. I understand if I engage in behavior, communications or interactions on or off campus, that is disruptive, intimidating, aggressive, or reflects a lose of confidence in or disagreement with the school's policies, methods of instruction or discipline, or otherwise interferes with the school's safety procedures, responsibilities, without formally presenting the concerns to the administration will automatically make you liable against the school regulations and school by-laws.
- 19. I agree to assume all costs, responsibilities, liabilities and risks in connection with the child's enrolment as a student of the OIS including without limitation (including damage to school property, furniture, computers, etc.) the child's use of play and sports equipment and participation in school activities. I further release, remise and discharge the Ottawa Islamic School, its administrators, directors, officers and teachers and their respective heirs, executors, successors and assigns, of and from all claim, demands, damages, actions or causes of action arising or to arise by reason of the child's participation in the activities and programs of the Ottawa Islamic School as aforesaid, and from all claims and demands whatsoever in law or in equity which, I, my heirs, executors, administrators, successors or assigns can or shall or may have for or by reason of the child's participation in the activities and programs of the Ottawa Islamic School.
- 20. I have read, understood and agree to comply and follow the school's policies, procedures and code of conduct.

Parent Name:	Signature:	Date:



# Ottawa Islamic School Medical Form Please fill in ALL information

Grade in September:

Student Information			
First Name:	Surname:	D.O.B (DD/MM/YYYY)	Gender:
Health Card Number:	Family Physician:	Physician's Phone Number:	
	Medical History		
Does your child have any physical medical condit		l be aware of?	
Please indicate whether your child has any allergi	es (including insect bites,	medication, food, animals, plants, d	lust, etc.):
Briefly explain your child's reaction to any of the	allergies mentioned above	».	
What counter-measures need to be taken if a react	ion occurs?		
Does your child require an Epi-Pen?			
Does your child have asthma? If yes, is it severe and does your child use an inha	ler?		
Is your child receiving any medication on a contin If yes, please list names and reasons for medication			
Has your child been diagnosed for any behavioral Deficit Disorder (ADD), Asperger Syndrome, and If yes, please indicate what and how it is being tre	l Dyslexia)?	ler affecting his/her ability to learn	(e.g. Attention
	of an illness and/or Med	0 1	
-If a student becomes ill while at school, parents r -If your child must take prescription medication a administer routine prescribed medication when a	t school, we require a perm	nission form signed by the parent. S	Staff can only
Parent/Guardian Signature:		Date:	

# Media/School Website Permission Form 2021/2022

Dear Parents/ Guardians: We would like to tell the community about the many positive things taking place in our school. However, we want to strike the right balance between getting our message out and respecting the wishes of parents/guardians who do not want their child/children photographed, videotaped, or their child/children name displayed on the Ottawa Islamic School classroom or website. Please fill in the following permission form and return it to the school as soon as possible.

Jazkallah Kheiran, Muna Egeh / School Principal

# Media Publications

- **I consent** to my child being photographed, videotaped, or interviewed and their name and image used in school publications and or medical coverage of school related events.
- **I do NOT consent** to my child being photographed, videotaped, or interviewed and their name and image used in school publications and or medical coverage of school related events.

# School Website/School-wide Social Media

- **I consent** to my child's school work (text, videotape, audio, art, etc.), name, and/or photo/image/video image being used on the school website. (Please note as a normal practice the school will not publish names of students. Most pictures will be group shots)
- **I do NOT consent** to my child's school work (text, videotape, audio, art, etc.), name, and/or photo/image/video image being used on the school website. (Please note as a normal practice the school will not publish names of students. Most pictures will be group shots).

# Classroom- Website/blog/email

- **I do consent** to my child's work, name or photo/image/video being used on a teacher's blog/website or email communication to parents.
- **I do NOT consent** to my child's work, name or photo/image/video being used on a teacher's blog/website or email communication to parents.

Student Name(s): (please print)	
Grade(s):	
Parent / Guardian Name:	
Parent / Guardian Signature:	
Date:	