



## Ottawa Islamic School Returning Student Registration 2024 - 2025

**\*One form per student**

### Office Use Only

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

Enrollment Start Date: \_\_\_\_\_

Grade in September: \_\_\_\_\_

OEN: \_\_\_\_\_

### Registration Documentation (check when verified)

Domestic

International

1. Updated Proof of Address
2. Void Cheque/Direct Deposit
3. Updated Child's Immunization records
4. Updated Child's Immigration/Citizenship Status

**Note:** The Ottawa Islamic school DOES NOT do automatic enrollment. Every student must re-register to the Ottawa Islamic School each school year. The Ottawa Islamic School reserves the right to decline the registration of new students as well as re-enrolling students.

**\*Please note that proof of address is required for all students.**

**\* Your child's enrollment will be nullified if any information given below is incomplete, omitted, or fraudulent.**



**PLEASE PRINT CLEARLY**

**Student Information**

Child's Full Legal Name: \_\_\_\_\_  
First Name Middle Name Last Name

Address: \_\_\_\_\_  
Unit/House # Street Postal Code

Date of Birth: \_\_\_\_\_ Gender: Female  Male

Language(s) Spoken:  English  Arabic  French  Somali  Other: \_\_\_\_\_

**Custody**

**Who has custody of the student:** Parent 1  Parent 2  Both Parents

**Are there any custody issues the school needs to be aware of ( if so please provide court documents and/or orders)**

**Parent / Guardian Information #1**

Name: \_\_\_\_\_  
Mr. / Mrs./Ms. First Name Middle Name Last Name

Relation to student: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Unit/House # Street Postal Code

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

Emergency Contact Priority:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Student lives with:  Both parents  Mother  Father  Guardian

Citizenship: \_\_\_\_\_

Language(s) Spoken:  English  Arabic  French  Somali  Other: \_\_\_\_\_

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## **Parent / Guardian Information #2**

Name: _____			
Mr. / Mrs./Ms.	First Name	Middle Name	Last Name
Relation to student: _____		E-mail: _____	
Address: _____			
Unit/House #	Street	Postal Code	
Home Phone: _____		Cell Phone: _____	
Emergency Contact Priority: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>			
Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			
Citizenship: _____			
Language(s) Spoken: <input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> French <input type="checkbox"/> Somali <input type="checkbox"/> Other: _____			

## **Citizenship**

Citizenship Status of Child in Canada: _____
<u>If any of your children differ in status, please indicate below.</u>

## **Emergency Contact #1**

Name: _____			
Mr. / Mrs./Ms.	First Name	Middle Name	Last Name
Address: _____		Postal code: _____	
Home Phone: _____		Cell Phone: _____	
Relation to student: <input type="checkbox"/> Parent/Guardian #1 <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other: _____			
Is this emergency contact allowed to pick up the student? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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## Emergency Contact #2

Name: \_\_\_\_\_  
Mr. / Mrs./Ms.      First Name      Middle Name      Last Name

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

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

Relation to student:  Parent/Guardian #1  Parent/Guardian #2  Other: \_\_\_\_\_

Is this emergency contact allowed to pick up the student?  Yes  No

## Please name all school aged siblings the child has that do not attend OIS

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Attending: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Attending: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Attending: \_\_\_\_\_

## What are your expectations of the Ottawa Islamic School?

\_\_\_\_\_

I verify that the above information is valid as of this date.

Parent / Guardian #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**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 medical conditions that the school should be aware of? **If any of the above are selected please complete the additional required form.**

1. Asthma  2. Allergy  3. Diabetes  4. Epilepsy  5. Anaphylaxis

**If any of the above are selected please describe and comment on the medical condition below:**

Please indicate whether your child has any allergies (including insect bites, medication, food, animals, plants, dust, etc.):

Briefly explain your child's reaction to any of the allergies mentioned above.

What counter-measures need to be taken if a reaction occurs?

Does your child require an Epi-Pen? For what reason

**Does your child have asthma?**

If yes, is it severe and does your child use an inhaler?

Is your child receiving any medication on a continuous basis?

If yes, please list names and reasons for medication.

Has your child been diagnosed with any behavioral, cognitive, or other disorder affecting his/her ability to learn (e.g. Attention Deficit Disorder (ADD), Asperger Syndrome, and Dyslexia)? **YES / NO**

If yes, please indicate what and how it is being treated?

**In the Event of an illness and/or Medical Emergency**

-If a student becomes ill while at school, parents must pick up the child or arrange for transportation.

-If your child must take prescription medication at school, we require a permission form signed by the parent. Staff can only administer prescribed medication when a written permission is submitted to the school by the parent.

Parent/Guardian Signature: \_\_\_\_\_

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



### Media/School Website Permission Form 2023/2024

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**

- o **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.
- o **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**

- o **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)
- o **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**

- o **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.
- o **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.

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