



**Ottawa Islamic School
New Student Registration
2024 - 2025**

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

Completion and submission of the registration form DOES NOT guarantee enrollment at the Ottawa Islamic School. All new students will receive formal acceptance of enrollment by mail.

Office Use Only

Domestic International

Registration Date: _____ Enrollment Start Date: _____

Grade in September: _____ OEN: _____

Registration Documentation (check when verified)

Child's Original Birth Certificate Proof of Address Void Cheque/Direct Deposit

Original 2023/2024 Report Cards Child's Immunization records

Passport size Photo Child's Immigration/Citizenship Documents

Custody documents (if applicable) Additional Medical forms (if applicable)

How did you hear about the school?

Word of Mouth Social Media Current Parent of School Other : _____

*** Your child's enrollment will be nullified if any information given in any registration form 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: _____

Previous School Attended

Last date of attendance: _____ Grade at previous school: _____

Name of School: _____ Address of School: _____

Last school attended in Ontario, if different from previous school

Ontario School Name: _____ Ontario School Address: _____

Why did you decide to leave your last school? : _____

Citizenship

Citizenship Status of Child(ren) in Canada: _____

If any of your children differ in status, please indicate below.

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

* Your child's enrollment will be nullified if any information given in any registration form is incomplete, omitted, or fraudulent



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: _____

Citizenship: _____

Emergency Contact Priority: 1st 2nd 3rd

Student lives with: Both parents Mother Father Guardian Other _____

Language(s) Spoken: English Arabic French Somali Other: _____

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: _____

Citizenship: _____

Emergency Contact Priority: 1st 2nd 3rd

Student lives with: Both parents Mother Father Guardian Other _____

Language(s) Spoken: English Arabic French Somali Other: _____

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



Emergency Contact #1

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 Other: _____

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

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:

Student Name: _____ **Grade:** _____

School Attending: _____

Student Name: _____ **Grade:** _____

School Attending: _____

Student Name: _____ **Grade:** _____

School Attending: _____

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



Additional Information

Why have you chosen the Ottawa Islamic school?

What are your expectations of the school?

What does your child want to do after high 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: _____





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.

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