



SCHOOL OFFICE USE	
<input type="text"/>	
OEN	
<input type="text"/>	
Student Name	
Birth of Date	
<input type="text"/>	<input type="text"/>
Month/Day/Year	Proof of DOB
<input type="text"/>	Grade in September
Registration Date	<input type="text"/>
	Month/ Day/ Year

**Ottawa Islamic School
Student Registration Information
2020 - 2021**

*We require you to complete the entire Student Application Form and bring the required documentations before the registration process can begin.

Check list of original documents required for registration

Please bring the following:

- 1. Proof of Address**
Any bill or letter that has your current address
- 2. Child's original birth certificate**
- 3. Canadian immigration or citizenships documents**
Please bring passport if available
- 4. Original school report cards**
Please bring a copy of your child's 2019/2020 report cards
- 5. Child's immunization records since birth**
If your child is new to the country or is new to Ontario
- 6. Passport size photo**
All students entering Kindergarten for the first time
- 7. Any other relevant documentation involving guardianship, court orders, etc.**

❖ Please note that this application is double sided.



**Ottawa Islamic School
Student Application Form
2020 - 2021**

Personal Information

Child's Full Legal Name: _____
First Name Middle Name Last Name

Address: _____
Street Postal Code

Date of Birth: _____ Gender: Male Female
YYYY/ MM / DD

Previous School Attended

Last date attended at previous school _____ Grade at Previous School
Year/Month/ Day

Previous School _____ Previous School Address _____

Last School in Ontario, if different from Previous School

Ontario School _____ Ontario School Address _____

Student Medical Health Information (MUST BE FILLED IN)

Doctor's Name: _____ Doctor's Phone Number: _____

OHIP #: _____

Does your child have any life threatening conditions?

Please list any health problems the student might have such as: allergies, asthma, etc...

Are there any medications that you require the school to hold for the student, such as an inhaler or Epi-Pen? _____

Student Citizenship Information

Country/ Province of Birth: _____ Status in Canada: _____

First Language: _____ If not born in Canada, date of entry: _____

****Immigration documents are required to verify status in Canada***

Ottawa Islamic School

Parent / Guardian Information

Name: _____			
Mr. / Mrs.	Last Name	Middle Name	First Name
Relation to student: _____		E-mail: _____	
Address: _____		Postal code: _____	
<i>If different from student</i>			
Home Phone: _____		Cell Phone: _____	
Emergency Contact Priority: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd			
Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			

Name: _____			
Mr. / Mrs.	Last Name	Middle Name	First Name
Relation to student: _____		E-mail: _____	
Address: _____		Postal code: _____	
<i>If different from student</i>			
Home Phone: _____		Cell Phone: _____	
Emergency Contact Priority: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd			
Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			

Emergency Contact: Other than Parent / Guardian

Name: _____			
Mr. / Mrs.	Last Name	Middle Name	First Name
Address: _____		Postal code: _____	
Home Phone: _____		Cell Phone: _____	
Relation to student: <input type="checkbox"/> Grandparent <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Other: _____			

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

Parent / Guardian Signature: _____

Date: _____

Principal Signature: _____

Date: _____

OTTAWA ISLAMIC SCHOOL 2020/2021

Please write all students who will be attending the school.

Grade(s)	Student Name(s)	Male /Female	Date Of Birth YYYY/ MM / DD	Returning Student	New Student	Bus
JK						
SK						
Grade 1						
Grade 2						
Grade 3						
Grade 4						
Grade 5						
Grade 6						
Grade 7						
Grade 8						
Grade 9						
Grade 10						
Grade 11						
Grade 12						

PAYEE INFORMATION

Parent & Guardian: _____ Phone Number: _____
 (Please Print)
 Address: _____ Postal Code: _____

FOR FINANCE OFFICE ONLY

Type of Payment	<input type="checkbox"/> Yearly <input type="checkbox"/> Monthly
Cycle	<input type="checkbox"/> 20 th of each month
Direct Debit	<input type="checkbox"/> 1 st of each month
Monthly fees	\$
Registration fee	\$

Finance Signature: _____ Date: _____ Stamp: _____ Total: _____



Ottawa Islamic School Medical Form

Please fill in **ALL** information

Grade in September:

Student Information			
First Name	Surname	Date of Birth (DD/MM/YYYY)	Gender
Health Card Number with Version Code	Student's Physician	Physician's Phone Number	
Medical History			
Does your child have any physical medical conditions that we should be aware of?			
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 these allergies mentioned above.			
Does your child require an Epi-Pen?			
What counter-measures need to be taken if a reaction occurs?			
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 for any behavioral, cognitive, or other disorder affecting his/her ability to learn (e.g. Attention Deficit Disorder (ADD), Asperger Syndrome, Dyslexia)? If yes, please indicate what and how it is being treated?			
In the Event of illness and/or Medical Emergencies			
-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 routine prescribed medication when a written permission is submitted to the school by the parent.			

Parent/Guardian Signature _____ Date _____



Media/School Website Permission Form 2020/2021

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 children photographed, videotaped or their child's name, work or photo 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 for media purposes

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 work, name or photo/image/video image being used on the school web site/school social media

Classroom- Website/blog/email

- Many teachers have a classroom blog or send updates to families via email, often with pictures. I consent to my child's school work (text, videotape, audio, art, etc.), first name, and/or photo/image/video image being used on a teacher's blog/website or email communication to parents in the class
- **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	