



IQRA ISLAMIC SCHOOL

404 Webb Place, Winnipeg, MB, R3B 3J4

Phone: 204-615-1119. Fax: 204-615-1116

Email: info@iqraschool.ca

www.iqraschool.ca

REGISTRATION FORM

A. STUDENT INFORMATION

Last Name _____ First Name _____

Applying for Grade _____ Enrollment Date (DD/MM/YY) _____

Birth Date _____ Place of Birth _____
Day Month Year

Nationality _____ Gender Male Female

Street Address: _____
Street Address City/Province Postal Code

Phone Number _____ Language Spoken at Home _____
Primary #

Previous School Attended _____
School Name City/Province Previous Grade

B. PARENT/GUARDIAN INFORMATION

Relationship to Student _____ Relationship to Student _____

Name _____ Name _____

Address _____ Address _____
Street Street

_____ _____
City/Province Postal Code City/Province Postal Code

Employed Yes No (If yes, please provide the following information)

Occupation _____ Occupation _____

Employer's Name _____ Employer's Name _____

Employer's Address _____ Employer's Address _____

C. EMERGENCY CONTACT INFORMATION (Other than Legal Guardian)

Relationship to child _____	Relationship to child _____
Name _____	Name _____
Work Phone _____	Work Phone _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____

D. RESIDENCY STATUS

Student's Status In Canada _____	Arrival date in Canada _____ <small>(DD/MM/YY)</small>
Parent's Status <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Residence	Arrival date in Canada _____ <small>(DD/MM/YY)</small>
<input type="checkbox"/> Refugee <input type="checkbox"/> Other _____	

E. SCHOOL AGE SIBLING INFORMATION

Name	Gender	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. MEDICAL INFORMATION

MB Health Registration # (6 digits) _____	Physician's Name _____
Personal Health ID # (9 digits) _____	Physician's Phone Number _____

Please indicate any special health care needs

<input type="checkbox"/> Not experiencing any health problems	<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies (list if yes) _____
<input type="checkbox"/> Disabilities (Please specify) _____	<input type="checkbox"/> Others (Please specify) _____	

I confirm that, to the best of my knowledge, the information provided in this form is correct. I have understood and agree to abide by all school rules including school discipline and tuition fee payment and refunds. I also acknowledge that while the school does its best to ensure the safety of each child's life, health and property, the school cannot be held responsible for any damage to these.

Signature of Parent/Guardian _____	Date _____ <small>(DD/MM/YY)</small>
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G. DOCUMENTS REQUIRED

- Birth Certificate Manitoba Health Card Immunization Card Student's Passport Size Photos
 Parents Identification

H. SCHOOL FEES

Registration Fee	\$ 50.00 (Non-Refundable)
Supplies Fee	\$ 75.00 (Non-Refundable)
Monthly Tuition Fee for Nursery/Pre-School	\$ 300.00
Monthly Tuition Fee for Kindergarten	\$ 200.00 – 250.00
Monthly Tuition Fee for Grade 1-8	\$ 100.00 – 200.00

ADMISSION PROCEDURE

- ❖ The completed admission form along with the copies of required documents, 2 passport size photos and the registration (non-refundable) fee must be submitted to the school office.
- ❖ After the admission form has been processed, a date is given for applicant's assessment.
- ❖ Parents are informed of the outcome within one week of assessment date. If a place is offered, the child admission / enrollment must be confirmed and all dues paid within three days of date of offer.
- ❖ If within three days, enrollment is not confirmed the spot is offered to another candidate.

TERMS AND CONDITIONS

- ❖ Full payment of all fees is required for the acceptance of students.
- ❖ Monthly payment (10 postdated cheques) is allowed as a convenience to parents. The cheques must be dated September 1st – June 1st.
- ❖ A withdrawal fee of \$ 100.00 will be charged if a student is withdrawn from school after September 1st.
- ❖ A \$ 25.00 will be charged for NSF cheque.
- ❖ Iqra Islamic School reserves the right to;
 - a. Dismiss any student for whom we determine we can't meet his/her individual needs.
 - b. Refuse the services if the terms and condition of this agreement are disputed or violated.
 - c. Suspend student who refuse to comply with school rules.

We have read and understood the above conditions and agree to abide by them.

Signature of Parent/ Guardian

(DD/MM/YY)

PHOTOGRAPH & WALKING TRIP PERMISSION

We request your permission for photographs of your child to be taken during school activities. If photographs are taken, this would be for the purpose of educating students, promoting the school or promoting public education. We are also seeking your permission for the school to publish photographs and/or samples of your child's work. If you give your permission, the school may publish photographs of your child and/or samples of work done by your child in a variety of ways. The publications could include, but are not limited to, school newsletters (online and in hard copy), Department of Education and Training Internet or intranet websites, school annual magazines and local newspapers. If published, third parties would be able to view the photographs and work.

Whilst every effort will be made to protect the identity of your child, the Iqra Islamic school cannot guarantee that your child will not be able to be identified from the photograph or work. If you agree to permit the school to take photographs of your child, and to publish photographs of your child or samples of your child's work, in the manner detailed above, please complete the consent form.

Also, throughout the school year there will be occasions when the children will be asked to participate in teachable moment's field trips within walking distance of the school. This may involve a walk to the library, market, local park etc. Teachers must have permission from the principal/designate with time of departure and return with the route of the trip and destination outlined. With your signature your child will have permission to participate in these short walking trips.

If you sign the attached form it means that you agree to the following:

- ❖ The school is able to publish photographs of your child and samples of your child's work as many times as it requires in the ways mentioned above.
- ❖ The school will use your child's photograph or samples of your child's work for the purpose of education of education of students or for the general promotion of public education and the school.
- ❖ Any photographs taken by the school will be kept for no longer than is necessary for the above-mentioned purposes and will be stored and disposed of securely.
- ❖ I agree, subject to the conditions set out above, to the taking of photographs of my child during school activities, to be used by the school in educating students and promoting the school and public education. I also agree to the publication of photographs or samples of work of my child.
- ❖ I give my child permission to participate in walking trips during the school year.

Student Name _____

Date _____
(DD/MM/YY)

Parents/Guardian Name _____

Signature _____