



Office Use Only		
Registration Date:	Gender:	Required Grade:

368 Edmonton St., Winnipeg, MB R3B 2L3 Phone: (204) 615-1119 Fax: (204) 615-1116

2016 – 2017 Registration Form

Student Information

Last Name:		First Name:		Middle Name:	
Preferred Name:		Home Phone:		Grade:	
Date of Birth (dd/mm/yyyy): / /		Country of Birth:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Street #:	Street Name:	Apt. #	City/Town:	Province:	Postal Code:
First Language:			Language(s) Spoken at Home:		

Students please provide a copy of the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Citizenship Card | <input type="checkbox"/> Permanent Residence |
| <input type="checkbox"/> Record of Landing | <input type="checkbox"/> Refugee Claimant Form | <input type="checkbox"/> Vaccination Record (Immunization) |
| <input type="checkbox"/> Manitoba Care Card | <input type="checkbox"/> Other (Please state): | |

Parents please provide an original copy of the following:

- Driver's License
- Proof of Address
- Other (Please state)

Medical Information

Medical Conditions (Allergies/Required Medications/Specific Health conditions/requirements etc.) Please explain:	MB Care Card#
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Educational Background

Has your child ever been expelled from another school? No <input type="checkbox"/> Yes <input type="checkbox"/>	Is this student currently under suspension from any school? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Name of Previously Attended School:	Previous School Phone Number:	Date Last Attended Previous School (dd/mm/yyyy):

Child is under the Custody of:

- Both Parents Mother Father Other
- More Information:

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Parent/Guardian Information Form

Parent/Guardian #1 Information

Last Name:		First Name:			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Relationship to Student (must provide proof of custody if not the parent):				Lives with Student: Yes <input type="checkbox"/> No <input type="checkbox"/>		Emergency Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Parent/Guardian #1 Address (if different from student)							
Street #:	Street Name:		Apt. #:	City/Town:	Province:	Postal Code:	
Home Phone Number:			Work Phone Number:				
Cell Phone Number:			Email:				

Parent/Guardian #2 Information

Last Name:		First Name:			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Relationship to Student (must provide proof of custody if not the parent):				Lives with Student: Yes <input type="checkbox"/> No <input type="checkbox"/>		Emergency Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Parent/Guardian #2 Address (if different from student)							
Street #:	Street Name:		Apt. #:	City/Town:	Province:	Postal Code:	
Home Phone Number:			Work Phone Number:				
Cell Phone Number:			Email:				

Emergency Contact Information

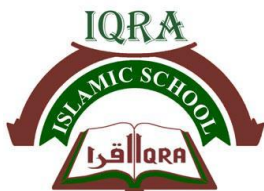
Last Name:		First Name:			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Relationship to Student (must provide proof of custody if not the parent):				Lives with Student: Yes <input type="checkbox"/> No <input type="checkbox"/>		Emergency Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Home Phone Number:			Work Phone Number:				
Cell Phone Number:			Email:				

Notice to Parents/Guardians

Personal information collected during registration and while attending the school is done pursuant to the Education Act. It will be used for school planning and programming.

I hereby certify that the included information is accurate to the best of my knowledge and I understand that it is my responsibility to advise the school immediately of any changes in information stated on this form.

Date (dd/mm/yyyy): _____ **Signature of Parent/ Guardian of Student:** _____



School Fees

Parents' Names: _____

Father's Name: Last, First

Mother's Name: Last, First

Nursery & Kindergarten	Tuition per Student	Total
Total Annual Tuition	\$3000.00	\$3000.00
Registration Fee (non-refundable)	\$100.00	\$100.00
Supply Fee (One-time only)	\$60.00	\$60.00
Payment Plan x 10	\$300.00	\$3000.00

Grade 1 – 8	Tuition per Student	Total
Total Annual Tuition	\$2500.00	\$2500.00
Registration Fee (non-refundable)	\$100.00	\$100.00
Supply Fee (One-time only)	\$60.00	\$60.00
Payment Plan x 10	\$250.00	\$250.00

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).
- Late re-registration fee of \$50.00 per child will be charge after March, 15th.
- Registration/Assessment fee of \$100.00 for all new students (non-refundable).
- Withdrawal fee of \$200.00 per child after September, 1st.
- A \$25.00 will be charged for NSF cheque.
- Iqra Islamic School** reserves the right to dismiss any student for whom we determine we can't meet his/her individual needs.
- Iqra Islamic School** reserves the right to refuse service if the terms and conditions of this Agreement are disputed or violated.
- Iqra Islamic School** reserve the right to suspend student who refuse to comply with School rules and regulations

Children should be picked up no later than **3:30 pm** from **Mondays-Fridays**. Parents/guardians who are **late picking up their child** will be charged a **late fee of \$10.00**.

Uniform-Boys are required to wear navy blue pants, white shirt and navy blue cardigan. Girls should wear navy blue tunic, navy blue pants, white shirt, navy blue cardigan and white hijab.

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

Father's Signature: _____ Date: ____/____/____

Mother's Signature: _____ Date: ____/____/____



Emergency Information Form

Student's name: _____ Grade: _____

Person authorized to pick up the child in the event of an Earthquake Emergency.

Name: _____ Relationship to child: _____

Tel: # (Home) _____ Work: _____ Cell _____

Does the student have any Medical Problems, Health Concerns, and/or Diet Restrictions, and/or Allergies of which the teacher/School Nurse should be aware? YES NO

ADDITIONAL MEDICAL INFORMATION - My child has the following Medical Conditions:

- Diabetes
- Epilepsy Has your child had any seizures in the past year? YES NO
- Did your child have chicken pox disease after his/her first birthday? Yes No
- Allergy causing a life-threatening response which needs immediate emergency medical care such as adrenalin given by school staff. Allergic to: _____
- PLEASE NOTE: Bee/Wasp stings only if emergency medical care is required.
- Respiratory conditions which may require emergency medical care at school (e.g. Asthma) if YES, has your child needed emergency medical care in the past year? YES NO
- Does your child carry medication with him or her? If so, what? _____
- Does your child need to have medications given during school hours by school staff?
YES NO _____
- Are there any restrictions that the school staff should be aware of? (E.g. foods, activities to be avoided? _____
- Other medical conditions such as a serious heart condition, blood disorder, immune system disorder or any other serious chronic conditions which will need school staff attention: _____

The information supplied on this form will be strictly confidential and shall be made available only to appropriate person.

IN CASE OF EMERGENCY: I hereby give permission to qualified health personnel (the family physician, the school nurse, other outside emergency medical personnel or staff who possess a current first aid certificate) to provide treatment for my child. It is understood that teachers, the administration and the School Board personnel are not responsible for medical care costs.

PLEASE NOTE: The responsibility lies with the parent/legal guardian to advise the school of any changes in the medical or physical condition of the student.

Parent/Guardian Signature

_____/_____/_____
Date



Permission Letter for Publication of Students' Work or Photographs on Websites & Walking Trip permission

Dear parent or caregiver I am writing to 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. I am 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.

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

1. 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.
2. Your child's photograph may be reproduced either in colour or in black and white.
3. The school will not use your child's photograph or samples of your child's work for any purpose other than for the 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.

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.

Walking Trip permission

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, Local Park, plaza, 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.

Consent Form for Publication of Students' Work or Photographs & Walking Trip permission

A-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.

B- I give my child permission to participate in walking trips during the school year.

Student's full name: _____ Student's Grade: _____

Parent/Guardian full name: _____ Signature: _____ Date: ____/____/____

Parent/Guardian full name: _____ Signature: _____ Date: ____/____/____