

### Ottawa Islamic School New Student Registration 2025 - 2026

**General note:** The Ottawa Islamic school <u>DOES NOT</u> 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 <u>DOES NOT</u> guarantee enrollment at the Ottawa Islamic School. All new students will receive formal acceptance of enrollment by mail.

### **Office Use Only**

	Domestic [	International
Registration	on Date:	Enrollment Start Date:
Grad	le in September:	OEN:
	Registration Document	tation (check <b>☑</b> when verified)
Child's Original Bi	rth Certificate Proc	of of Address
Original 20	023/2024 Report Cards [	Child's Immunization records
Passport	size Photo  Child's	Immigration/Citizenship Documents
Custody docu	ments ( if applicable)	Additional Medical forms ( if applicable)
How did you hear ab	out the school?	
		rent Parent of School Other:



### PLEASE PRINT CLEARLY

# **Student Information**

	First Name	Middle Name	Last Name	
Address:				
Unit/House #	Street		Posta	al Code
Date of Birth:	<u>-</u>	Gender:	Female □	Male □
Language(s) Spoken: ☐ Eng	lish □ Arabic □ Fre	nch □ Somali □ Other:		
Previous School Attended				
Last date of attendance:	_	Grade at previous scl	nool:	
Name of School:		Address of School: _		
Last school attended in Onta	ario, if different fro	om previous school		
Ontario School Name:		Ontario School A	Address:	
Why did you decide to leave	e your last school?	:		
<u>Citizenship</u>				
Citizenship Status of Child(	ren) in Canada:			
composition of the contract				
If any of your children diffe	r in status, nlease i	ndicate below		

 $<sup>{}^{\</sup>star}$ Please note that proof of address is required for all students.

 $<sup>^{\</sup>star}$  Your child's enrollment will be nullified if any information given in any registration form is incomplete, omitted, or fraudulent



### Parent / Guardian Information #1

Mr. / Mrs./Ms. Firs	t Name	Middle Name	Last Name
Relation to student:	E-ma	il:	
Address:			
Unit/House #	Street		Postal Code
Home Phone:	Cell	Phone:	
Citizenship:			
Emergency Contact Priority: $\Box 1^{st}$	$\ \square\ 2^{nd}$	$\Box 3^{rd}$	
Student lives with:   Both parents	□ Mother	□ Father	□Guardian Other
Language(s) Spoken: □ English  Parent / Guardian Informatio		ch □ Somali □ (	Other:
Language(s) Spoken: □ English  Parent / Guardian Informatio	<u>n #2</u>		
Language(s) Spoken: ☐ English  Parent / Guardian Informatio  Name:	<u>n #2</u> Name M	liddle Name	Last Name
Language(s) Spoken: ☐ English  Parent / Guardian Informatio  Name:  Mr. / Mrs./Ms  First N  Relation to student:	n #2 Name M	iiddle Name	Last Name
Language(s) Spoken: ☐ English  Parent / Guardian Informatio  Name: Mr. / Mrs./Ms First N	n #2 Name M	iiddle Name	Last Name
Language(s) Spoken: ☐ English  Parent / Guardian Informatio  Name: Mr. / Mrs./Ms First N  Relation to student:	Name M E-mai	iiddle Name	Last Name
Language(s) Spoken: ☐ English  Parent / Guardian Informatio  Name: Mr. / Mrs./Ms First N  Relation to student:  Address: Unit/House #	Name M E-mai	iiddle Name	Last Name Postal Code
Language(s) Spoken: ☐ English  Parent / Guardian Informatio  Name: Mr. / Mrs./Ms First N  Relation to student:  Address: Unit/House #	Name M E-mai	iiddle Name	Last Name Postal Code

 $<sup>^*</sup>$  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:	
<b>Relation to student</b> : ☐ F	arent/Guardian #1	☐ Parent/Guardian ☐ Othe	er:
Is this emergency contact	ct allowed to pick u	up the student? $\Box$ Yes $\Box$ N	No
Emergency Contac			
		Middle Name	
		Middle Name Postal code	
		Cell Phone:	
<b>Relation to student</b> : $\Box$ P	'arent/Guardian #1	☐ Parent/Guardian #2 ☐ O	Other:
Is this emergency contact	ct allowed to pick u	up the student? $\Box$ Yes $\Box$ N	No
Please name all sch	ool aged sibling	gs the child has:	
Student Name:		Grad	e:
School Attending:			
Student Name:		Grad	e:
School Attending:			
-			
Student Name:		Grad	e:
School Attending:			

 $<sup>^{\</sup>star}$  Your child's enrollment will be nullified if any information given in any registration forms is incomplete, omitted, or fraudulent.



### **Additional Information**

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	:	



# 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 Physicia	n:	Physician's Phone Number:	
		Medical I	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.					ted please complete
1. Asthma	2. Allergy	3. Diabetes	4. Epileps	y 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	t bites, medicat	ion, food, animals, plants, d	ust, etc.):
Briefly explain your child	d's reaction to any of the all	ergies mentioned	d 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 your child must take	-If a student becomes ill while at school, parents must pick up the child or arrange for transportationIf 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.			Staff can only	
Parent/Guardian Sign	aturo			Date	



#### Media/School Website Permission Form

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:

#### **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:	