



**Ottawa Islamic School**  
**Student Registration Information**  
**2018 - 2019**

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**  
Required if your child did not attend a school within Ontario the last school year
- 3. Canadian immigration or citizenships documents**  
If you are new to the country  
Please bring passport if available
- 4. Original school report cards**  
Please bring a copy of your child's February 2018 report card
- 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  
613-727-5066  
[www.ottawaislamicschool.org](http://www.ottawaislamicschool.org)



**Ottawa Islamic School  
Student Application Form  
2018 - 2019**

**FOR OFFICE USE**

- Birth Certificate
- Immunization OK
- Report Card
- Proof of Residency
- Last School

**Personal Information**

Child's Full Legal Name: \_\_\_\_\_

Last Name

Middle Name

First Name

Address: \_\_\_\_\_

Street

Postal Code

Date of Birth: \_\_\_\_\_

Gender: Male  Female

YYYY / MM / DD

**Background Information**

Name of Last School: \_\_\_\_\_

Address: \_\_\_\_\_ Postal code \_\_\_\_\_

Last Day of attendance: \_\_\_\_\_ grade to completed 2017/2018: \_\_\_\_\_ grade 2018/2019: \_\_\_\_\_

**Student Medical Health Information ( must be filled in)**

Doctor 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: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

First Language: \_\_\_\_\_

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 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>      |           |                    |            |
| 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 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>      |           |                    |            |
| 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: _____  |            |
| <b>Relation to student:</b> <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 2018/2019**

**Please write all students who will be attending the school.**

| Grade(s) | Student Name(s) | Male /Female | Date Of Birth (DOB) | 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 <sup>th</sup> of each month          |
| Direct Debit     | <input type="checkbox"/> 1 <sup>st</sup> of each month           |
| Monthly fees     | \$ _____   |
| Registration fee | \$ _____   |

Finance Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Stamp: \_\_\_\_\_ Total: \_\_\_\_\_