



Ottawa Islamic School
REGISTRATION FORM
For Returning Students
2020/2021

PARENTS / GUARDIAN INFORMATION

❖ Please note that proof of address is required for returning students

First Name	Last Name	Relationship to child(ren)
Address with postal code	Home phone	Cell phone
First Name	Last Name	Relationship to child(ren)
Address with Postal code (if different from above)	Home phone	Cell phone

Parent/Guardian E-mail: _____

Parent/Guardian E-mail: _____

Student lives with Both parents Mother alone Father alone Guardian

Citizenship

Citizenship Status of child(ren) in Canada: _____

If any of your children differ in status please indicate below:

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In case of an emergency, the school should contact (other than parent(s) or guardians)

Name	Relation to student	Telephone Number	Address
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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

Payee Name: _____

Phone Number: _____

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	\$ _____

Total: _____

Finance Signature: _____

Date: _____

Stamp: _____



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	