



Requesting Entry into Grade: \_\_\_\_\_ Year: \_\_\_\_\_

## Application for Admission Form 2020 – 21

### PART A: CHILD INFORMATION

Returning Student    New Student    (Please Circle)

**Child:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB: MM\_\_DD\_\_YYYY\_\_\_\_\_ Age: \_\_\_\_\_ M\_\_F\_\_

Street Address: \_\_\_\_\_ Unit/Appt: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Ph. #: \_\_\_\_\_ Cell Ph. #: \_\_\_\_\_ First Language Spoken at home: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Entry Date to Canada (if child not born in Canada only): MM\_\_DD\_\_YYYY\_\_\_\_\_

Child Lives With: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian (copy of custody papers submitted): Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Current School: \_\_\_\_\_ School Ph. #: \_\_\_\_\_

Has your child been on Individual Education Program (IEP)? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child ever been suspended? Yes \_\_\_\_\_ No \_\_\_\_\_ IF yes, please explain: \_\_\_\_\_

**Father:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Ph. #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Ph. #: \_\_\_\_\_ **Emergency Contact: 1 2 3**  
(Please Circle)

**Mother:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Ph. #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Ph. #: \_\_\_\_\_ **Emergency Contact: 1 2 3**  
(Please Circle)

### PART B: STUDENT EMERGENCY INFORMATION

Child Health Card #: \_\_\_\_\_ Child Date of Birth: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies: No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes: does your child have an epi pen? \_\_\_\_\_, List of Allergies: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Does your child take any medication regularly? \_\_\_\_\_ If yes, name, dosage and reason for the medication \_\_\_\_\_

### PART C: EMERGENCY CONTACT (other than parents)

Emergency Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home/Work Ph. #: \_\_\_\_\_ Cell Ph. #: \_\_\_\_\_ **Emergency Contact: 1 2 3**  
(Please Circle)

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date



## ENROLMENT PRIVILEGE

(Please read carefully and sign at the end)

A positive and constructive working relationship between Al-Falah Islamic School, the student, and student's parent(s)/guardian(s) is essential to the fulfillment of our educational mission. Thus, Al-Falah Islamic School reserves the right not to extend the privilege of re-enrolment, or cancel the existent enrolment of any student, if the school:

- reasonably concludes that the actions of the student and/or the parent(s)/guardian(s) make such a positive and constructive relationship impossible, and/or seriously interfere with the school's accomplishment of its educational purpose;
- observes any conduct on behalf of the student(s) and/or their parent(s) which is considered detrimental to its student(s) and/or staff, or destructive to the property may be deemed an adequate cause for appropriate disciplinary action, including suspension or expulsion;
- observes a conduct on behalf of the student(s) and/or their parent(s) which is as such inappropriate and substantial in nature that it would harm the reputation of ICNA Canada or any of its employee(s);
- is informed of any inappropriate behaviour, speech or action posted on any **SOCIAL MEDIA PLATFORM** detrimental in any shape or form to ICNA Canada and its employees.

*(I/We) have read and understood the aforementioned Enrolment Privilege, and agree to abide by it.*

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date