



Ottawa Islamic School
Student Registration Information
2015 - 2016

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 2014 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



**Ottawa Islamic School
Student Application Form
2015 - 2016**

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

Bus: Yes No

Background Information

Name of Last School: _____

Address: _____ Postal code _____

Last Day of attendance: _____ Last grade level completed: _____ Current grade: _____

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: _____			
Address: _____		Postal code _____	
<i>If different from student</i>			
Home Phone: _____		Cell Phone: _____	
Emergency Contact Priority: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd			
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: _____			
Address: _____		Postal code _____	
<i>If different from student</i>			
Home Phone: _____		Cell Phone: _____	
Emergency Contact Priority: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd			
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 _____	
<i>If different from student</i>			
Home Phone: _____		Cell Phone: _____	
Emergency Contact Priority: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd			
Relation to student: <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: _____

Finance Stamp: _____

Date: _____

OTTAWA ISLAMIC SCHOOL 2015/2016
 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
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"/> Cheque
Cycle	<input type="checkbox"/> Yearly <input type="checkbox"/> Monthly
Cheques	<input type="checkbox"/> 1 st of each month
Monthly fees	\$
Registration fee	\$

Total: _____

Finance Signature: _____ Date: _____ Stamp: _____