



# APPLICATION FOR ADMISSION 2019-2020

### For Office Use Only

Application Fee received:  Cheque (No. \_\_\_\_\_)  Cash  Credit Card  Money Order  Other: \_\_\_\_\_  
Date received: \_\_\_\_\_ Receipt No.: \_\_\_\_\_ Signature: \_\_\_\_\_

### Notes

Large empty box for notes.

### For Student Services Use Only

Alberta Student Number: \_\_\_\_\_ EIA Student Number: \_\_\_\_\_  
Date of Registration: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Room: \_\_\_\_\_  
Example: March 16 2001      Month      Day      Year  
Residency Code: \_\_\_\_\_ Eligibility code: \_\_\_\_\_ Special Code: \_\_\_\_\_ Registration Fees: \_\_\_\_\_

### STUDENT INFORMATION

Applying for Grades: 1 2 3 4 5 6 7 8 9 10 11 12  
Applying for: PK3 PK4 KG  AM  PM  PK Full Time 5 Days

Student's Legal Surname: \_\_\_\_\_ Preferred Surname (AKA): \_\_\_\_\_  
Student's Legal First Name: \_\_\_\_\_ Preferred First Name (AKA): \_\_\_\_\_  
Student's Legal Middle Name(s): \_\_\_\_\_  
Student's Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Ethnicity: \_\_\_\_\_ (for statistical purpose only) Primary Language used at home: \_\_\_\_\_  
Date of Birth (Month-Day-Year): \_\_\_\_\_ Gender:  Male  Female  
Example: March 16 2001      Month      Day      Year



**LEGAL VERIFICATION** the following documents are **required** to complete the registration.

The indicated original documents have been provided to the school and copies made:

- Birth Certificate     Health Card     Immunization Record     Custody Document (if available)  
Supportive documents required for students that are born outside of Canada  
 Passport     Permanent Residency     Student/Work Visa

### SCHOOL HISTORY

Has the student had sibling/siblings enrolled at Edmonton Islamic Academy:  Yes  No

If yes, please provide the name/s: \_\_\_\_\_

Last school attended by the student: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

City of last school: \_\_\_\_\_ Province, if not Alberta: \_\_\_\_\_ Country, if not Canada: \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION**

Father Information

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Father's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Ext (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Father's profession: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Owner Name of business: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Mother Information

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Mother's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Ext (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

EBmail: \_\_\_\_\_

Mother's profession: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Owner Name of business: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ B \_\_\_\_\_

An "emergency contact" is someone other than the student's parent or guardian.

Emergency Contacts

**Emergency Contact #1:** \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ B \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_ B \_\_\_\_\_

**Emergency Contact #2:** \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ B \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_ B \_\_\_\_\_

**FAMILY INFORMATION**

Are there any special family circumstances? \_\_\_\_\_

**EDUCATIONAL HISTORY**

Does your child have any special learning needs?  Yes  No *If yes, please attach relevant*

Does your child have an IPP or a modified instructional program plan?  Yes  No *Provide documents*

**MEDICAL INFORMATION**

Are there any serious medical conditions about which you wish the school to be aware of? Please indicate below:

Diabetes  Epilepsy  Allergies (Please specify)  Heart Condition  Asthma  Other (Please specify)

Medical Notes: \_\_\_\_\_  
\_\_\_\_\_

Student Alberta Health Care Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Is your child on any medications?  Yes  No

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**

The personal information collected on this form is part of the student's registration process. All personal information collected during the registration process and during the course of the school year will be used to provide an educational program and ensure a safe and secure school environment.

**DECLARATION BY PARENT**

I understand, as does my child, that to the extent that age permits, enrollment in Edmonton Islamic Academy is conditional upon maintenance of self-discipline, good character, respect and tolerance towards others. I understand that the acceptance of the registration will be based on a number of factors including, passing the entrance exam, commitment to payment of a onetime **Capital Project fee** of \$3,000 per family, available class space, having sibling at the Academy, personal or written interviews, and is subject to the discretion of the Academy. In the instance the Academy staff notices that the student's academic, social or emotional requirements cannot be met at the Academy by September 15, parents will be required to transfer the student to a program where his/her learning and behavior needs can be met under the support and guidance of the administration. I, the undersigned, have read the above and abide by the Academy's educational expectations, behavior expectations, financial expectations and schedule of fees upon enrolment of my child.

Parent: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_