

For Office Use Only

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

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: _____



APPLICATION FOR
ADMISSION 2021-2022

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 ☐ KG 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

Does the student have sibling/ s 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: ()

Email:

Mother’s profession: Employer:

☐ Business Owner Name of business: Phone: ()

Emergency Contacts

An “emergency contact” is someone other than the student’s parent or guardian.

Emergency Contact #1: Relationship:

Address:

Home Phone: () Other Phone: ()

Emergency Contact #2: Relationship:

Address:

Home Phone: () Other Phone: ()

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:

CAPITAL PROJECT FEE

Have you paid the \$3000 Capital Project Fee to the Al Rashid Foundation? ☐ Yes ☐ No

If yes, please provide the full name it was paid under as we need to verify this information.

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: