

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 2001MonthDayYear

Residency Code: _____ Eligibility code: _____ Special Code: _____ Registration Fees: _____



APPLICATION FOR ADMISSION

2023-2024

BLOOM HOMESCHOOL PROGRAM

STUDENT INFORMATION

Grade Applying for: _____

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 2001MonthDayYear

 **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 ☐ 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: (____) _____

EBmail: _____

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: (____) _____

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.**DECLARATION BY PARENT** I understand that we are enrolling our child in the Bloom Homeschool Parent-Directed program through the Edmonton Islamic Academy. This application is accompanied by a non-refundable \$ 50.00 application fee (one-time payment with continuous enrollment). I understand that parents choosing Home Education have the primary responsibility for planning, managing, providing, evaluating, and supervising their child's education. I understand that in order to qualify for reimbursement of funds, I am required to submit an Education Plan to Bloom Homeschool by September 30th 2021 and I am required to submit all receipts of expenses to the Edmonton Islamic Academy at the set schedule. Bloom Homeschool has the responsibility of providing families with home education support and will ensure that families are meeting the educational goals outlined in their Home Education plan in accordance with the Home Education Regulation.

I, the undersigned, have read the above and abide by the Bloom Homeschool declaration.

Parent: _____ Signature: _____

Date: _____