



# APPLICATION FOR ADMISSION 2022-2023

## BLOOM HOMESCHOOL PROGRAM

### 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

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 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  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**

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: ( ) \_\_\_\_\_

Father 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: ( ) \_\_\_\_\_

Mother Information

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: ( ) \_\_\_\_\_

Emergency Contacts

**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: \_\_\_\_\_