



# Pickering Islamic Centre

## Hifz School

### Admission Form

#### STUDENT INFORMATION

Full-time (boys): \_\_\_\_\_ Part-time (boys): \_\_\_\_\_ Part-time (girls): \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street Apartment #

City Province Postal Code

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Status in Canada: \_\_\_\_\_  
Month Day Year

Allergies: \_\_\_\_\_

#### PARENT/GUARDIAN INFORMATION

Father/Guardian: \_\_\_\_\_  
Last First

Mother/Guardian: \_\_\_\_\_  
Last First

Home Address (if different from student)  
\_\_\_\_\_

Home Address (if different from student)  
\_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_

Work Telephone: (\_\_\_\_\_) \_\_\_\_\_

Work Telephone: (\_\_\_\_\_) \_\_\_\_\_

Cellular Phone: (\_\_\_\_\_) \_\_\_\_\_

Cellular Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### E-MAIL AUTHORIZATION

I authorize to add my e-mail address to the School's Mailing List to receive important school information.

#### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

## MEDICAL/HEALTH INFORMATION

Health Card Number (OHIP): \_\_\_\_\_

Medical Conditions/Allergies (please describe): \_\_\_\_\_

Does the applicant have any restrictions participating in sports and physical exercise? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

## PARENTAL CONSENT FOR EMERGENCIES

In the event of injury requiring medical attention, I hereby grant permission to **PIC Hifz School** to share any information listed on this form with the supervising teacher or staff to attend to my child during school hours. I understand that every effort will be made to contact me, however, if the emergency warrants emergency medical attention, and I am unreachable, I grant permission to Hifz School for necessary medical treatment to be given, including permission to transport my child to the nearest medical facility.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OTHER INFORMATION

Please list all siblings currently attending Hifz/EQS/SBS/FGS School:

1. Name: \_\_\_\_\_ Grade: \_\_\_\_\_
2. Name: \_\_\_\_\_ Grade: \_\_\_\_\_
3. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

## WAIVERS

I understand and agree that Hifz School, Pickering Islamic Centre and Staff, while taking all reasonable precautions to ensure the safety of students, will not be held liable by myself in the event of any personal injury or accident caused to my child while he/she is at school at any time on a school day (including before 08:30 a.m. or after 3:00 p.m. and before 05:30 p.m. or after 7:30 p.m.), on a school trip, or at any school excursion.

I agree

My child's work may be displayed in school buildings (other than the student's classroom) school publications, school website, and articles in the media.

I give consent

My child's photography and visual likeness may be displayed in school buildings (other than classroom), other schools or board publications, websites, articles in the media.

I give consent

I give permission for my child to take part in field trips or excursions at the discretion of Hifz School staff if normal safety procedures are being followed and implemented.

I give consent

