



PICKERING ISLAMIC CENTRE

BROCK ELEMENTARY SCHOOL

ADMISSION FORM

STUDENT INFORMATION

Applying for Grade: _____ School Year: _____

Name: _____
Surname First Middle

Home Address: _____
Street Apartment #

_____ City Province Postal Code

Date of Birth: _____ / _____ / _____ Gender: _____
Month Day Year

Country of Birth: _____ Country of Citizenship: _____

Entry date into Canada: (if the student has studied overseas more than one year) _____ / _____
Month Year

Status in Canada: _____

PREVIOUS SCHOOL INFORMATION

Please list the last two schools the student has attended:

Name of School and Board: _____ Grade: ____ Year: ____

Name of School and Board: _____ Grade: ____ Year: ____

1. Has the applicant undergone:
 - a) Additional educational assessment for learning exceptionalities?
If yes, please enclose documents with this application.
 - b) Enrolment in E.S.L. or H.S.P. Math and Language Support Program?
2. Does the applicant have an IEP (Individual Education Plan)?
If yes, please provide a copy of the last IEP.
3. Has the applicant ever been expelled from any school in Ontario?
If YES, please provide the name of the school, school Board and a contact name:

PARENT/GUARDIAN INFORMATION

Father/Guardian: _____

Mother/Guardian: _____

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: _____

Occupation : _____

Occupation : _____

CUSTODY : Both Parents ____ Joint : ____ Exclusive : ____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1 Name: _____ Relationship: _____ Phone #: _____

MEDICAL/HEALTH INFORMATION

Family Physician Name: _____

Telephone: _____

Health Card Number (OHIP): _____

Medical Conditions/Allergies (please describe):

Is the applicant taking medication on a regular basis? If YES, please indicate:

Does the applicant have any restrictions participating in sports and physical exercise?

If YES, please explain:

PARENTAL CONSENT FOR EMERGENCIES

In the event of injury requiring medical attention, I hereby grant permission to Brock Elementary 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 Brock Elementary 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 Brock Elementary School:

- 1. Name: _____ Grade: _____
- 2. Name: _____ Grade: _____
- 3. Name: _____ Grade: _____

E-MAIL AUTHORIZATION

Please check one of the following:

- Please add my e-mail address to the School's Mailing List to receive important school information.
- Please do not add my e-mail address to the School's Mailing List.

WAIVERS

I understand and agree that Brock Elementary School and 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 8:15 a.m. or after 3:30 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 name and phone number to be used by the School Parents Council for the purpose of sharing school information.

I give consent

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

I give consent

EMERGENCY SCHOOL CLOSURE

During inclement weather, Brock Elementary School may attempt to keep the school open, however this does not mean students must be sent to school. It is the responsibility of parents to decide weather conditions are safe for their children to attend school. Please listen to radio/TV announcements/weather reports to determine school closures. Please check the school website for additional information and updates. In case of inclement weather or an emergency due to lack of heat, water or gas leak etc., I grant permission for my child to be sent home.

I give consent

If your child is not to be sent home, please specify alternate arrangements:

POTASSIUM IODIDE PILL

- The following only applies to parents whose children attend schools within a 10km radius of either Pickering or Darlington Nuclear Generating stations.
- In the event of a serious accident at the Nuclear Generating Stations, radioactive material may escape from the station. One type of radioactive material that may be released is radioiodine is inhaled, it is absorbed by the thyroid gland. The ingestion of the potassium iodide (KI) pill will minimize the amount of radioiodine absorbed by the thyroid gland. It is expected there will be sufficient time to close the school and evacuate your child before any radiation exposure occurs. However, a decision has been made to pre-distribute KI pills to all schools within a 10 Km radius. Issues of these pills is subjected to Provincial Authorization.
- There may be some reaction to the KI pill for individuals allergic to iodine. For questions regarding thyroid blocking potassium iodide, please contact Regional Municipality of Durham Health Dept. at :905-723-3818 or 1-888-777-9613 ext. 2188

I give consent My son/daughter is allergy to KI pills

DOCUMENTS SUBMITTED WITH THIS FORM

- REGISTRATION FEE HAS BEEN INCLUDED
- VOID CHEQUE HAS BEEN PROVIDED FOR MONTHLY PAYMENT.
- PHOTOCOPY OF IMMUNIZATION RECORDS
- PHOTOCOPY OF HEALTH CARD AND BIRTH CERTIFICATE
- IF APPLICABLE, LAST TERM REPORT CARD FROM PREVIOUS SCHOOL

APPLICATION FOR ADMISSION AGREEMENT

Thank you for your interest in registering your child at Brock Elementary School. It is an honor and a great responsibility which we undertake in providing a high education to all our applicants. Please read the following terms of this agreement, before signing and dating the application.

1. All completed documents must be submitted with this application along with \$50 non-refundable Application Fee prior to the registration deadline before a student is considered for an interview and entrance test.
2. The \$50 Application Fee is not refundable for any reason once this application has been submitted. It covers only the application review and related process. There is an additional \$350 Fee once the student has been admitted to the school. This \$350 is the full, and only one time, Admission Fee used for student's books and materials.
3. I understand that submission of this application does not entitle my child for an interview or an entrance test if the school believes that my child does not fulfill all school academic and behaviour requirements.
4. If my child is approved to be registered in the school, I must fulfill all financial requirements such as Admission Fees and Monthly Tuitions Fees. Failure to do so would result in my child's dismissal from the school.
5. I understand that I must fulfill with the payment of Tuition Fees from the term of 10 months starting September and ending June of the School Year Calendar. The fulfillment of the payment will continue even when my child is under a leave of absence due to a family trip or any other circumstances.
6. Brock Elementary School is not responsible for student transportation, carpooling or bus services.
7. I hereby authorize Brock Elementary School to contact schools and other sources to obtain information to support this application.
8. I certify that all information in this application is accurate and up-to-date to the best of my knowledge. I acknowledge that any false statement or answers can lead to my child's admission being revoked.
9. If this agreement must be placed in the hands of a lawyer for enforcement and/or collection, the undersigned agree to pay all costs originated by lawyer's fees and related costs.

I/We have read and understood the Application for Admission Agreement above and agree to abide by the agreement.

Mother/Legal Guardian's signature

Father/Legal Guardian's signature

Date

FOR OFFICE USE ONLY

Received: ___ / ___ / _____ Interviewed: ___ / ___ / _____ Approved for Admission YES NO
MM DD YYYY MM DD YYYY

Notes/Comments: _____ Authorized Signature: _____

FID PARENT: _____ FID STUDENT: _____

FEE: _____ BOOKS: _____ REGISTRATION: _____ OTHER: _____ TOTAL: _____