



# Pickering Islamic Centre

## Evening Quran School

### Admission Form

#### STUDENT INFORMATION

Applying for Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

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

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

\_\_\_\_\_  
City Province Postal Code

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Month Day Year

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Status in Canada: \_\_\_\_\_

#### 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: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

#### E-MAIL AUTHORIZATION

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

### MEDICAL/HEALTH INFORMATION

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

Medical Conditions/Allergies (please describe):

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

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

### EMERGENCY CONTACT INFORMATION

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

#### PARENTAL CONSENT FOR EMERGENCIES

In the event of injury requiring medical attention, I hereby grant permission to **PIC Evening Quran 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 Evening Quran School for necessary medical treatment to be given, including permission to transport my child to the nearest medical facility.

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

### SIBLING INFORMATION

Please list all siblings currently attending Evening Quran School:

1. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

2. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

3. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

## WAIVERS

I understand and agree that Evening Quran 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 5:30 p.m. or after 7:30 p.m.), on a school trip, or at any school excursion.

I agree

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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

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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

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

I give consent

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## EMERGENCY SCHOOL CLOSURE

During inclement weather, Evening Quran 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 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

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

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## DOCUMENTS SUBMITTED WITH THIS FORM

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REGISTRATION FEE HAS BEEN INCLUDED

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VOID CHEQUE HAS BEEN PROVIDED FOR MONTHLY PAYMENT.

Thank you for your interest in registering your child at Evening Quran 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.

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

Date \_\_\_\_\_

Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Interviewed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Approved for Admission ☐ YES ☐ NO  
M D Y M D Y

Name:

FEE: \_\_\_\_\_ BOOKS: \_\_\_\_\_ REGISTRATION: \_\_\_\_\_ OTHER: \_\_\_\_\_ TOTAL: \_\_\_\_\_