



Pickering Islamic Centre

Part Time Hifz School

Admission Form

STUDENT INFORMATION

Applying for 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):

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 Part Time 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 Part Time Hifz 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 Part Time Hifz School:

1. Name: _____ FT / PT: _____

2. Name: _____ FT / PT: _____

3. Name: _____ FT / PT: _____

WAIVERS

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

I agree

☐

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 Part Time Hifz School staff, if normal safety procedures are being followed and implemented.

I give consent

☐

EMERGENCY SCHOOL CLOSURE

During inclement weather, Part Time Hifz 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

☐

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

DOCUMENTS SUBMITTED WITH THIS FORM

☐

REGISTRATION FEE HAS BEEN INCLUDED

☐

VOID CHEQUE HAS BEEN PROVIDED FOR MONTHLY PAYMENT.

APPLICATION FOR ADMISSION AGREEMENT

Thank you for your interest in registering your child at Part Time Hifz School. It is an honor and a great responsibility which we undertake in providing quranic 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.
2. The fee for **Part Time Hifz School is \$80 per month, payable** through direct debit.
3. I understand that submission of this application does not entitle my child for admission. It is subject to review by the Principal.
4. If my child is approved to be registered in the school, I must fulfill all financial requirements such as **Admission Fees of \$20 and Monthly Tuitions Fees**. Failure to do so would result in my child's dismissal from the school.
5. 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. Part Time Hifz School is not responsible for student transportation, carpooling or bus services.
7. I hereby authorize Part Time Hifz 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/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
M D Y M D Y

Notes/Comments: _____ Authorized Signature: _____
Name: _____

FID PARENT: _____ FID STUDENT: _____

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