



# **IQRA ISLAMIC SCHOOL**

“Certified by the Ministry of Education, BC, Canada”

## **REGISTRATION PACKAGE**

2009 - 2010

Thank you for your interest in the IQRA Islamic School. This information sheet explains our Admission Process.

To apply for admission of your child, you should fill out the form “Application for Admission” form and provide copies of the following documents:

### **Application Package**

- Registration form
- Birth Certificate (if the child is born in Canada) **OR**  
Immigration paper or Citizenship Card or Refugee Status (if the child is born outside Canada)
- Copy of Legal Canadian Status of one of the Parents
- BC Care Card (copy)
- Preschool Progress Report for KG Students, if any (copy)
- Submission of a recent report card (copy)
- Vaccination Record “Immunization” (copy)
- Recent photograph
- **\$200.00** Registration fee if applying prior to June 15<sup>th</sup> and **\$300.00** if applying after June 15<sup>th</sup>.
- One time **\$1000.00** Refundable Deposit per family is required prior to registration.

**Please note that we will only accept a complete Application Package.**

If you require bus transportation, please fill out the form “**Application for Bus Service**” and attach it to your application form.

### **Assessment**

All students will be required to come to the school for an assessment session. This is essential so that we can match the student’s learning needs to the support services offered at our school. In addition, the student and his parent/guardian must meet with the principal, by appointment.

Our admission personnel will contact parents regarding the application outcome. If the student is accepted, parents will be directed to discuss transport –if needed- and financial arrangements with the appropriate staff.

When arrangements for fees disbursement and bus transport -if needed- are completed, parents should confirm date of starting school with admission personnel.



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## **FEES SCHEDULE 2009 - 2010**

### **REGISTRATION:**

**\$200.00** Registration fee if applying prior to June 15  
**\$300.00** if applying after June 15  
One time **\$1,000.00** Refundable Deposit per family is required prior to registration

**Please note: Registration fee is not refundable.**

### **Tuition (KG to Grade8):**

First Child	\$160 per month	or \$1,600 per year
Second Child	\$120 per month	or \$1,200 per year
Third Child	\$110 per month	or \$1,100 per year
Fourth Child	\$100 per month	or \$1,000 per year
Fifth Child	\$90 per month	or \$900 per year

### **BOOKS & AGENDA:**

Kindergarten \$ 60.00/year (Covers books & school agenda)  
Grades 1 - 6 \$120.00/year (Covers books & school agenda)  
Grades 7& 8 \$200.00/year (Covers books & school agenda)

### **BUS:**

Surrey: \$1,200.00/year **OR** \$120.00/month/student  
The cost of one way bus ride is \$90/month.  
Vancouver, Burnaby, New Westminster: \$1,250.00/year **OR** \$125.00/month/student  
The cost of one way bus ride is \$95/month.

**Note:** bus service is subject to the availability of service in your location.





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## **APPLICATION FOR BUS SERVICE**

### **2009 - 2010**

Please return this form to the school, no later than **August 25, 2009**

You may fax it to: 604-583-7510

Date: \_\_\_\_\_

Bus Service is offered to children living along our bus paths. Some areas are out of our service coverage. So please do not assume we could pick up your child no matter in which area you live. Further, if you change your address during the school year to an area we don't cover, you have to find a way to transport your child (ren) to and from school.

Transportation is available at **\$125.00 per month** (per student) in Burnaby, New Westminister & Vancouver areas.

Within the City of Surrey the cost per month is **\$120.00** (per student).

The cost of one way bus ride is Burnaby, New West minister & Vancouver is **\$95/month (per student)**.

The cost of one way bus ride is Surrey is **\$90/month (per student)**.

The bus coordinator will be contacting you in late August or early September, to tell you about your child's pick up/drop off points and times.

Kindly, fill out the application form below and return it to the office no later than August 25, 2008.

Start Date: \_\_\_\_\_

Name of Student(s):	1) _____	Grade: _____
	2) _____	Grade: _____
	3) _____	Grade: _____
	4) _____	Grade: _____

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

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

### **Comments:**



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## EMERGENCY INFORMATION FORM

Student’s name: \_\_\_\_\_ Grade: \_\_\_\_\_

Person authorized to pick up the child in the event of an Earthquake or other Emergency.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_

Does the student have any medical conditions, health concerns, diet restrictions or allergies of which the teacher/School Nurse should be aware?

NO: \_\_\_\_\_ Yes: \_\_\_\_\_

**If yes, please complete the bottom portion:**

**ADDITIONAL MEDICAL INFORMATION:** My child has the following Medical Conditions:

- Diabetes
- Epilepsy
- Has your child had any seizures in the past year? YES: \_\_\_\_\_ NO: \_\_\_\_\_
- Allergy causing a life-threatening response, which needs immediate emergency medical care, such as adrenalin given by school staff. Allergic to: \_\_\_\_\_
- A respiratory condition, which may require emergency medical care at school (e.g. Asthma), if YES, has your child needed emergency medical care in the past year? YES: \_\_\_\_\_ NO: \_\_\_\_\_
- Does your child carry medication with him or her? If so, what? \_\_\_\_\_
- Does your child need to have medications given during school hours by school staff? YES: \_\_\_\_\_ NO: \_\_\_\_\_
- Are there any restrictions that the school staff should be aware of? (E.g. foods, activities to be avoided?)

\_\_\_\_\_

- Other medical conditions such as a serious heart condition, blood disorder, immune system disorder or any other serious chronic conditions which will need school staff attention:

\_\_\_\_\_

The information supplied on this form will be strictly confidential and shall be made available only to appropriate person(s).

**IN CASE OF EMERGENCY:** I hereby give permission to qualified health personnel (the family physician, the school nurse, other outside emergency medical personnel or staff who possess a current first aid certificate) to provide treatment for my child. It is understood that teachers, the administration and the School Board personnel are not responsible for medical care costs.

**PLEASE NOTE:** The responsibility lies with the parent/legal guardian to advise the school of any changes in the medical or physical condition of the student.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Legal Residency of Parent - FORM A**

(If parents are deceased, use Form B)

To be completed and signed by a parent or legal (court-appointed) guardian. (If legal guardian, please attach copy of court order appointing you as legal guardian).

1. I am (please choose one):

A Canadian citizen (if not born in Canada, please attach photocopy of citizenship card).

A landed immigrant (attach photocopy of landed immigrant)

Lawfully admitted to Canada, under one of the following documents (please mark the appropriate box below and attach photocopy of document):

- Admission as a refugee claimant
- A person claiming refugee status who has a letter of no objection
- Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
- Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
- A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport)
- Other - Document description:

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(Must be cleared with Immigration Canada)

2. I am a resident of British Columbia (please choose one)

Yes: \_\_\_\_\_

Residency Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No: \_\_\_\_\_

3. Parent's/Legal Guardian's Name: \_\_\_\_\_

Parent's/Legal Guardian's Signature: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Legal Residency of Parents (Deceased) - FORM B**

To be completed and signed by the student or a knowledgeable adult (one who knows the student's parent(s) and has knowledge of the facts respecting their decease and the matters set out in this document.)

1. The student's deceased parent was at time of death:

A Canadian citizen

A landed immigrant

2. The student's deceased parent was at time of death a resident of British Columbia (please check one)

Yes \_\_\_\_\_

Residency Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No \_\_\_\_\_

Signed by:

Student: \_\_\_\_\_

Knowledgeable adult's name: \_\_\_\_\_

Knowledgeable adult's signature: \_\_\_\_\_

(Knowledgeable Adult is one who knows the student's parent(s) and has knowledge of the facts respecting their decease and the matters set out in this document).

Date: \_\_\_\_\_

**Student withdrawal Request Form**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Grade \_\_\_\_\_ Date of withdrawal \_\_\_\_\_

Reason(s) for Withdrawal

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A. Administration**

All Text Books are returned: Yes \_\_\_ No \_\_\_  
All Text Books are in good condition: Yes \_\_\_ No \_\_\_

**B. Accounting Department**

Tuition Fees Balance \$ \_\_\_\_\_  
Bus Fees Balance \$ \_\_\_\_\_  
Text Books \$ \_\_\_\_\_  
Other Balance \$ \_\_\_\_\_  
  
Total Balance \$ \_\_\_\_\_

Accountant: \_\_\_\_\_

Signature of the accountant: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Principal: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_