



IQRA ISLAMIC SCHOOL

öCertified by the Ministry of Education, BC, Canadaö

REGISTRATION PACKAGE

2011-2012

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 öApplication for Admissionö form and provide copies of the following documents:

Application Package Includes:

1. Fees Schedule
2. Registration Form
3. School fees Calculation Form
4. Application for Bus Service
5. Emergency Information Form
6. Legal Residency of Parent-Form A
7. Legal Residency of Parents (Deceased) Form B (If Applicable)

The complete Package should include:

- 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 öImmunizationö (copy)
- Proof of residency (hydro, phone bill or driver licence)
- Recent photograph
- \$200.00 Registration fee if applying prior to June 15th and \$300.00 if applying after June 15th.
- 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 studentö 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 öif 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.



IQRA ISLAMIC SCHOOL

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Application for Admission

Today's Date: Year Month Day Grade School Year

2011				20	/ 20
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STUDENT INFORMATION (Please Print Clearly):

Last Name	First Name	Middle Name	Other Name
Address		City	Province Postal Code
Area Code	Phone No.	Birth date: Y M D	Place of Birth Gender: M/F
()	-	/ /	
Canadian / Landed Immigrant?			
Immigration Authorization. Give Expiry Date:		Y:	M: D:

If you need transportation, please use the form: “Application for Bus Service.”

Name & grade of any brother/s or sister/s attending (or will attend) IQRA Islamic School:

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PARENTS / GUARDIANS INFORMATION: Email: _____

Mother's Name	Address (if different from student)	Cell Phone	Work Phone
Father's Name	Address (if different from student)	Cell Phone	Work Phone
Guardian's Name	Address (if different from student)	Cell Phone	Work Phone

Emergency contact (Not the name of the father/mother or the guardian):

Name	Address	Relationship to student
Home Phone	Work phone	Cell Number

GENERAL INFORMATION:

Language(s) spoken at home:

Last school attended: School Name Area code / phone number

Last grade completed Year City Province / State Country

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MEDICAL INFORMATION

Care Card Number:

Doctor's Name	Phone Number	Address	City - Province
	- -		
Dentist's Name	Phone Number	Address	City - Province
	- -		

Please enclose:

_____ Application fee (non-refundable if student is accepted.)

Note: If this application is received after June 16th, the registration fee will be: \$300.00

_____ Recent Photograph of Applicant (any size will do)

_____ Canadian Citizen: photocopy of Birth Certificate or Citizenship Card.

_____ Non-Canadian: proof of Landed Immigrant Status, or Immigration Authorization (photocopy)

_____ Parent/guardian proof of citizenship (photocopy)

_____ Most recent school report (photocopy)

_____ Photocopy of Immunization Record and Care Card.

_____ Any medical concerns (Food allergies, asthma, hay fever etc.) Yes: _____ No: _____

If you answer yes to the above question, please use the "Emergency Information Form."

In the event that a medical emergency arises and you cannot be reached, do you authorize IQRA Islamic School to undertake steps necessary for treatments? Yes: _____ No: _____

Verifications:

- 1) I hereby authorize the IQRA Islamic School, Surrey, BC, to contact the previous school to request student records. I agree to the condition that no registration shall be final unless all current fees are paid and post-dated cheques for tuition and transportation (if applicable) are presented for the whole year. There is no exception for fees for absence due to illness or vacation.
- 2) I agree to abide by all school policies and procedures. I understand that my child is accepted on a provisional basis subject to his/her assessment and performance in class.
- 3) It is tradition in our school to allow school staff and the media to use images of individual students and groups of students to commemorate events and to promote various educational, sports and cultural events taking place in the district. While images of students add to the community life of our school, they are not required for educational purposes. As such, consent for release of your child's name, image and comments is required. Students' names, images and comments may be published in the school yearbook or newsletter, and on occasion, in school district material such as newsletters, brochures, annual reports or in news media such as local newspapers and on rare occasions, videos, DVDs, or television footage.
- 4) I attest that the above-named student is not requesting admission as a result of a suspension/expulsion from another school.
- 5) I hereby certify that the information given is complete and correct.
- 6) Upon acceptance of my child I agree to pay all fees and comply with the school regulations.
- 7) I consent to having IQRA Islamic School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e mail address, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.
- 8) I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of IQRA Islamic School (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with IQRA Islamic School, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in IQRA Islamic School's Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of IQRA Islamic School.
- 9) This above information is required in order to register your child at this school and assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information, the privacy officer for IQRA Islamic School may be reached at 604-583-7530.

- 10) I consent to having photographs and work samples of my child(ren) used by IQRA Islamic School in the yearbook, newsletters and other promotional material.
- 11) The school may prepare a family phone list (car pool list, class list, etc.) for a family phone directory. If you DO NOT want your phone number and address included, please send a letter to the principal.

Please complete this form and return it to the school. This information will be kept as part of your child's student file as long as he/she attends our school. Please note that you are responsible for notifying the school should the status of your permission change.

Name of parent/guardian:

Signature of parent/guardian:

Date



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FEE SCHEDULE

2011-2012

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	\$180 per month	or \$1,800 per year
Second Child	\$140 per month	or \$1,400 per year
Third Child	\$130 per month	or \$1,300 per year
Fourth Child	\$120 per month	or \$1,200 per year
Fifth Child	\$110 per month	or \$1100 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.



IQRA ISLAMIC SCHOOL

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SCHOOL FEES CALCULATION FORM

2011-2012

Parentø Name: _____ Address: _____ _____ _____ Telephone: _____	Child(ren) Name and Grade(s): _____ _____ _____ _____
Registration fee (New students only, before June 15) Registration fee (New students only, after June 15) Books & Agenda (Kindergarten) Text Books & Agenda (Grade 1 ó Grade 6) Text Books & Agenda (Grade 7 & 8)	_____ x \$200.00 = \$ _____ _____ x \$300.00 = \$ _____ _____ x \$ 60.00 = \$ _____ _____ x \$120.00 = \$ _____ _____ x \$200.00 = \$ _____
Sub-Total (Block A)	Sub-Total \$ _____
Tuition (KG - Grade 8) First Child Tuition (KG - Grade 8) Second Child Tuition (KG - Grade 8) Third Child Tuition (KG - Grade 8) Fourth Child Tuition (KG - Grade 8) Fifth Child Refundable Deposit per Family Transportation: Surrey- Two way bus ride Surrey- One way bus ride Vancouver, Burnaby, New Westminster Two way bus ride One way Bus ride	_____ x \$1,800.00 = \$ _____ (per year)* _____ x \$1,400.00 = \$ _____ (per year)* _____ x \$1,300.00 = \$ _____ (per year)* _____ x \$1,200.00 = \$ _____ (per year)* _____ x \$ 1100.00 = \$ _____ (per year)* \$1,000.00 _____ x \$1,200.00 = \$ _____ (per year/child)* _____ x \$900.00 = \$ _____ (per year/child)* _____ x \$1250.00 = \$ _____ (per year/child)* _____ x \$950.00 = (\$ _____ (per year/child)*
Sub-Total (Block B)	Sub-Total \$ _____
Total: (Block A) + (Block B)	Total \$ _____

*** Year means scholastic year or 10 months period.**

- All post-dated cheques must be handed in during re-registration/registration.
 - Please inform the office one week in advance to avoid any NSF charges. (NSF fee \$15.00)
- IQRA Islamic School will impose a firm policy on NSF cheques. Upon notification, only 10 working days will be allowed to replace NSF cheques.
- Parents paying full fees during the first week of September will get a rebate of 5% on tuition fees only.
 - **Please note: registration fee is NOT REFUNDABLE.**



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APPLICATION FOR BUS SERVICE

2011-2012

Please return this form to the school, no later than **August 25, 2011**

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 Westminster & 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 Westminster & 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, 2011.

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:

(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: _____
