

**Office Use Only:**

Name of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Grade:\_\_\_\_\_\_\_



410 Desalaberry Avenue

Winnipeg MB

R2L 0Y7 Canada

**Tel:** (204) 489 -1300

**Fax:** (204) 489-1323

**Email:** ais123@mts.net

**REGISTRATION FORM**

Dear Parents,

We would like to welcome your child to our school. In order to complete the registration the following documents and fees are required.

|  |  |
| --- | --- |
| **Registration Fee (New Student only)** | $60.00 |
| **School supplies fee per child (K to Gr.3)** | $60.00 |
| **Agenda fee (grades 4-9)** | $10.00 (List provided by the teacher) |

*The fees should be paid at the time of registration.*

If paying by cheque please make them payable to: **Al-Hijra Islamic School** and attached with the completed registration form.

To complete the registration these documents are required:

1. A copy of your child's Birth Certificate or a
	* Landed Immigrant Certificate
	* Student authorization form
2. A copy of your child’s immunization form

Please note that students enrolling in Gr. 1- 9 may be required to write a test for placement in a suitable grade according to their age.

If you have any question, please contact our school directly at 489-1300

**OFFICE USE ONLY**

**NAME OF STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE REGISTERED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GRADE: \_\_\_\_\_\_\_\_\_\_\_ REGISTRATION FORM COMPLETED⁭ REGISTRATION FEE PAID: ⁭**

 **STUDENT FEE PAID (K-3) ⁭** **AGENDA FEE PAID: ⁭**

**STUDENT APPLICATION FORM**

(Please print clearly)

|  |  |  |
| --- | --- | --- |
| **STUDENT NAME:** |  (Last) |  (First, Middle name) |
| **HOME ADDRESS:** |  |
| **CITY:**  |  | **PROVINCE:**  |
| **POSTAL CODE:** |  | **TELEPHONE:**  |
| **DATE OF BIRTH (YR, MM,DD):** |  |
| **GENDER:** |  | ⁭Email: |
| **FATHER’S NAME:** |  | TELEPHONE #  |
| **MOTHER’S NAME:** |  | TELEPHONE #  |
| **DOES YOUR CHILD LIVE WITH BOTH PARENTS:** | NO ⁭ | YES  |
| **LAST SCHOOL ATTENDED:** |  |
| **LAST GRADE COMPLETED:** |  |
| **LANGUAGES SPOKEN AT HOME:** | ENGLISH ⁭ FRENCH ⁭ ARABIC OTHER ⁭ PLEASE LIST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **STUDENT STATUS:** | CANADIAN CITIZEN LANDED IMMIGRANT ⁭ STUDENT VISA ⁭ |
| **STUDENT’S 9 DIGIT HEALTH #(MHSC)** |  |
| **OTHER COVERAGE:** |  |
| **FAMILY DOCTOR:** |  |

*HAS YOUR CHILD ANY HEALTH PROBLEMS I.E. (ASTHMA, DIABETES) OR IS ON ANY MEDICATION OR NEEDS ASSISTANCE WITH MEDICATION PLEASE WRITE THEM DOWN BELOW SO THAT WE MAY ASSIST YOUR CHILDE BETTER.*

**\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*IF A PARENT IS NOT AVAILABLE PLEASE PROVIDE A PERSON TO CONACT IN CASE OF EMERGENY*:

NAME: ABED ELALLEGY TELEPHONE: 2048811601 RELATIONSHIP TO PARENTS: FAMILY FRIEND

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