AL-HIJRA ACADEMY

مدرسة الهجرة

For Success, Nothing Less

www.alhijraacademy.com

Director General: Abdullah Hammoud
Principal: Waheeda Khan
Secretary: Manal Mekkaoui

REGISTRATION PACKAGE: Grades JK-8

Student's First Name: Middle: Last:		
Gender: M / F (circle one)	Date of Birth (MM/DD/YYYY) ____ /____ /_____	Grade in September:
Father's First Name: Middle: Last:		
Home Telephone:	Cell phone:	E-mail:
Mother's First Name: Middle: Last:		
Home Telephone:	Cell phone:	E-mail:
Home Address: City: Postal Code:		
Previous School's Name: Address: City:		

EMERGENCY CONTACT INFORMATION OTHER THAN THE FAMILY

Emergency Contact Name:	**Relationship to the Student:**
Emergency Contact Phone Number:	**Address:**

Registration Information: ($100.00 per child, one-time annual registration fee, non-refundable)

TUITION INFORMATION	PLEASE SUBMIT COMPLETED FORM & REGISTRATION FEE AT TIME OF ENROLMENT	
Registration Fee	Annual per student:	$100* X _____ = _____
Grade 8	Full Day (8:20 – 3:30)	$450* X _____ = _____
Junior/Senior Kindergarten to Grade 7	Full Day (8:20 – 3:30): First Student	$410* X _____ = _____
	Each Additional Student	$360* X _____ = _____
Tahfeedth Program (*Gr. 4+)*	8:20-2:00	$300* X _____ = _____

Parent/Guardian Signature:	Date:
Principal Signature:	Date:

**fees are subject to change without notice*

PLEASE FILL OUT IN BLACK OR BLUE PEN ONLY

Please attach a copy of your child's immunization records, health card, and birth certificate

5100 Howard Ave. Windsor, ON, N9A 6Z6
Telephone: 519 966-8276 Fax: 519 966-0846
Email: info@alhijraacademy.com Web site: www.alhijraacademy.com

AL-HIJRA ACADEMY

مدرسة الهجرة

For Success, Nothing Less

www.alhijraacademy.com

Director General: Abdullah Hammoud
Principal: Waheeda Khan
Secretary: Manal Mekkaoui

Student Health Information

Dear Parents/Guardians,

To ensure that your child receives proper care suitable to his/her needs at the school, please complete this health information form and return it to school. This information is for school use only. If any information you provide in this form changes during the school year, please inform the office.

Student _____ Date of Birth _____
Last Name First Name Middle Initial Year / Month / Day

Grade _____ Health Card Number_____

Address_____
House/ Apt No. Street/ Concession City/Town Postal Code

Home Phone: _____ Cell Phone:_____

Email: _____

1. Is your child physically able to take part in school activities? Please circle: Yes No
   If your response is No, please explain your child's limitations._____
   _____
   _____
   School may require a doctor's note to excuse a student from school activities.

2. Does your child suffer from any chronic disease or disability? Please circle: Yes No
   If your response is Yes, please state the disease or disability and any special instructions school to be able to help your child._____
   _____
   _____

3. a. Does your child have any allergic reactions? Please circle: Yes No
   If your response is Yes, please list all the details of allergic reactions:_____
   _____
   b. Are any of the allergies LIFE THREATENING? Please circle: YES NO
   Explain: _____
   A separate form needs to be filled out if YES. Please obtain the form from the office immediately.
   Note: If your child requires special assistance from school staff for an allergic reaction, contact the office.

4. Is your child under a doctor's care, other than routine visits? Please circle: Yes No

5. Is your child being given medication on a continuous basis? Please circle: Yes No
   Note: If your child needs to take medication at school, please inform the school office. A separate permission form is required to be on file in accordance with the school policy and procedures.

6. Family Doctor _____ Doctor's Phone Number _____

_____ _____ _____
Parent's/Guardian's Name Parent's/Guardian's Signature Date

5100 Howard Ave. Windsor, ON, N9A 6Z6
Telephone: 519 966-8276 Fax: 519 966-0846
Email: info@alhijraacademy.com Web site: www.alhijraacademy.com

AL-HIJRA ACADEMY

مدرسة الهجرة

For Success, Nothing Less

www.alhijraacademy.com

Director General: Abdullah Hammoud
Principal: Waheeda Khan
Secretary: Manal Mekkaoui

PERMISSION TO POST PHOTOGRAPHS AND SAMPLES OF WORK ON THE SCHOOL WEB SITE & SCHOOL LITERATURE

Al-Hijra Academy has developed a school web site and teachers' websites. You can access the school site on the Internet at www.alhijraacademy.com the web sites will contain information about the school and the school community and can be visited by anyone in any part of the world who has access to the Internet. The Al-Hijra Academy School Board has prepared guidelines for the development of a school web site, class web site and school literature these guidelines include the following:

- Pictures of students included on school web pages or school literature must NOT include student names. Similarly, schools should not use filenames for pages and images that include student names. First names can be used for samples of student work.
- When using pictures of persons on the school web site or school literature, the school is required to obtain written permission on the form provided.
- School web site or school literature content should NOT provide the means for people to contact any student directly.
- Communication to the school must be directed to the appropriate staff member.

Your child's school/teacher may wish to display a photograph (for example, a team photograph or your child participating in a small group activity) or a sample of your child's work on the school web site, class web site or school literature. There may be reasons why some families do not want their child's photograph or work displayed on the school web site, class web site or literature. In order to comply with these wishes, all students are asked to return the form at the bottom of this page to the school. Your selection will be in effect until your child leaves the school or until you sign a new form indicating the required change.

Thank You

Al-Hijra Administration

Please cut here and return the completed form to Al-Hijra Academy

PERMISSION TO POST PHOTOGRAPHS AND SAMPLES OF WORK ON THE SCHOOL WEB SITE & SCHOOL LITERATURE

I _____ parents/guardian of _____ in grade_____
Parent's/Guardian's name — Please print student's name

☐ I give permission for photographs and/or samples of work of the person named above to be displayed on the school web site and school literature.

☐ I request that photographs and/or samples of work of the person named above NOT be displayed on the school web site or school literature.

Signature: _____ Date: _____
Parent/Guardian's signature — mm/dd/yyyy

5100 Howard Ave. Windsor, ON, N9A 6Z6
Telephone: 519 966-8276 Fax: 519 966-0846
Email: info@alhijraacademy.com Web site: www.alhijraacademy.com

AL-HIJRA ACADEMY

مدرسة الهجرة

For Success, Nothing Less

www.alhijraacademy.com

Director General: Abdullah Hammoud
Principal: Waheeda Khan
Secretary: Manal Mekkaoui

This direction will remain in effect until the person named above leaves the school or until a new form is received by the school giving a different direction.

PARENT/GUARDIAN APPROVAL FOR STUDENT INTERNET APPLICATION

ANY STUDENT WHO IS UNDER THE AGE OF 18 MUST RECEIVE PARENTAL CONSENT FOR THE INTERNET ACCESS AND COMPUTER USE. A PARENT'S SIGNATURE ON THIS SIDE OF THE APPLICATION INDICATES THAT CONSENT.

I _____ **the parent or guardian of** _____
Please print Parent/ Guardian's name Please print student's name

in grade _____**. I have read the APPLICATION FOR INTERNET ACCESS AND COMPUTER USE and have discussed with my child rights and responsibilities that come with this privilege. My child and I understand that Internet Access and computer use is intended for educational purposes and is a privilege provided for my child by the Al-Hijra School Board. While the Al-Hijra Academy Board has taken precautions with respect to Internet resources in the school, I recognize that it is impossible for the Al-Hijra Academy School Board to restrict access to all controversial materials and I will not hold the Al-Hijra Academy School Board responsible for materials accessed on the network. I accept responsibility for the supervision if and when my child's use of the Internet is not in a school setting. I hereby give permission to the Al-Hijra Academy School Board to provide Internet Access to my child and verify that the information contained on this form is correct.**

Parent or Guardian Contact email : ***(Please Print)*** _____

Signature _____ **DATE** _____
mm / dd / yyyy

5100 Howard Ave. Windsor, ON, N9A 6Z6
Telephone: 519 966-8276 Fax: 519 966-0846
Email: info@alhijraacademy.com Web site: www.alhijraacademy.com

AL-HIJRA ACADEMY

مدرسة الهجرة

For Success, Nothing Less

www.alhijraacademy.com

Director General: Abdullah Hammoud
Principal: Waheeda Khan
Secretary: Manal Mekkaoui

Please circle one of the following payment options and fill out the corresponding information:

a) **Pre-Authorized Debit:** the monthly fee will be withdrawn from your bank account on the 1st of every month.

AUTHORIZATION FOR
CONSUMER PRE-AUTHORIZED DEBIT PLAN

PAYOR INFORMATION (Please print clearly)

Payor Name(s):			
Address:	Street:		Apartment #:
	City:	Province:	Postal Code:
Telephone:		Cell Phone:	
Signature of Payor:			Date:

PAYOR FINANCIAL INSTITUTION INFORMATION ***(Please print clearly)***

Bank Number	Branch Number	Account Number
Name of Financial Institution:		
Branch Name:		
Branch Address:		
City		Postal Code:

AMOUNT: $_____

b) **10 post-dated cheques:** signed and dated for the full period from September- June. Please send cheques with this letter.

5100 Howard Ave. Windsor, ON, N9A 6Z6
Telephone: 519 966-8276 Fax: 519 966-0846
Email: info@alhijraacademy.com Web site: www.alhijraacademy.com