



# AL-HIJRA ACADEMY

مدرسة الهجرة  
For Success, Nothing Less

[www.alhijraacademy.com](http://www.alhijraacademy.com)

Director General: Abdullah Hammoud

Principal: Waheeda Khan

Secretary: Manal Mekkaoui

## PRESCHOOL REGISTRATION PACKAGE 2025-2026

Student's First Name:		Middle:	Last:
Gender: M F	Date of Birth: (MM/DD/YYYY) _____ / _____ / _____		Grade in September: _____
Home Address:		City:	Postal Code:
Student's Previous School's Name:		Address:	City:
<b>FATHER'S INFORMATION</b>			
Father's First Name:		Middle:	Last:
Highest Level of Education:	Current Profession:	Place of Employment/Name of Employer:	
Home Telephone:	Cell Phone:	E-mail:	
<b>MOTHER'S INFORMATION</b>			
Mother's First Name:		Middle:	Last:
Highest Level of Education:	Current Profession:	Place of Employment/Name of Employer:	
Home Telephone:	Cell phone:	E-mail:	
<b>EMERGENCY CONTACT INFORMATION, OTHER THAN FAMILY</b>			
Emergency Contact Name:		Relationship to Student:	
Emergency Contact Phone Number:		Address:	
<b>TUITION INFORMATION: Registration Fee &amp; first month's tuition, both non-refundable, due at time of registration</b>			
REGISTRATION FEE	ANNUAL; PER STUDENT	\$150* X _____ = \$ _____	
MONTHLY FEES	5 DAYS MON-FRI 8:20 - 3:30	\$282.58* X _____ = _____	
	3 DAYS TUE, WED, THU 8:20 - 3:30	\$169.62* X _____ = _____	
TOTAL DUE at the time of registration; non-refundable		\$ _____ (Registration Fee + first month's tuition)	
Start Date:		Exit Date:	
Parent's/Guardian's Signature:		Date:	
Principal's 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., Oldcastle, ON N9H 0M3

Telephone: 519-966-8276 Fax: 519-966-0846

Email: [info@alhijraacademy.com](mailto:info@alhijraacademy.com) Website: [www.alhijraacademy.com](http://www.alhijraacademy.com)



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## Student Health Information 2025-2026

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 to the 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



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## PERMISSION TO POST PHOTOGRAPHS AND SAMPLES OF WORK ON THE SCHOOL WEBSITE & SCHOOL LITERATURE

Al-Hijra Academy has developed a school website and teachers' websites. You can access the school site on the Internet at [www.alhijraacademy.com](http://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 website, 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 website or school literature, the school is required to obtain written permission on the form provided.
- School website 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 website, 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 website, 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 WEBSITE & 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 website 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

**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.**



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## 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 \_\_\_\_\_, 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 E-mail (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_  
mm/dd/yyyy



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

**2025-2026**

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

## AUTHORIZATION FOR CONSUMER PRE-AUTHORIZED DEBIT PLAN

### PAYOR INFORMATION (Please print clearly)

<b>Payor Name(s):</b>			
<b>Address:</b>		<b>Apartment #:</b>	
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>	
<b>Telephone:</b>		<b>Cell Phone:</b>	
<b>Signature of Payor:</b>			<b>Date:</b>

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

Financial Institution Number	Transit Number	Account Number
<b>Name of Financial Institution:</b>		
<b>Branch Name:</b>		
<b>Branch Address:</b>		
<b>City:</b>		<b>Postal Code:</b>
<b>TOTAL AMOUNT TO BE CHARGED MONTHLY: \$</b>		

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

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