



# Ahlul-Bayt Islamic School

3025 Albion Road North, Ottawa, Ontario K1V 9V9  
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**2023-24**  
**School Year**

## Student Application ~ Short Form

This form may be used for returning students, but not for new students. The long form must be used for new students.

*For your child's safety, please make sure to update the office when this information changes.*

Student's Name \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Apt. City Province Postal Code

Date of Birth Year \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ Gender  Male  Female

Going to grade \_\_\_\_\_

Health Card No \_\_\_\_\_ Province \_\_\_\_\_ Expiry Date \_\_\_\_\_

**Allergies and Special Conditions:** \_\_\_\_\_

**Parent #1** \_\_\_\_\_  
Full Name Relationship to student

Address: \_\_\_\_\_  
Street Apt. City Province Postal Code

Phone. Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Please use my  Home and/or  Mobile and/or  Work phone numbers to send me important school notifications.

Email \_\_\_\_\_@\_\_\_\_\_ (to receive school notifications & information)

**Parent #2** \_\_\_\_\_  
Full Name Relationship to student

Address: \_\_\_\_\_  
Street Apt. City Province Postal Code

Phone. Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Please use my  Home and/or  Mobile and/or  Work phone numbers to send me important school notifications.

Email \_\_\_\_\_@\_\_\_\_\_ (to receive school notifications & information)

Legal Guardian(s):  Parent #1  Parent #2  Both

**Emergency Contact #1** \_\_\_\_\_  
Full Name Relationship to student

Telephone. Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Emergency Contact #2** \_\_\_\_\_  
Full Name Relationship to student

Telephone. Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## **VERY IMPORTANT**

- 1. Tuition fees are for the entire school year (10 months) and fees are expected to be paid for the full ten-months school year. This is not a monthly tuition system.*
- 2. Students leaving before the end of the school year, for unexpected circumstances, must submit a written or email notice, to the office, two months prior to their departure date. Fees must be paid in full for these two months.*

### **Paying in Monthly Payments**

***Your contract is for the full 10-months school year.***

***However, for your convenience, we offer a monthly payment option as follows:***

- Payments may be made in monthly post-dated cheques that are due on the first of each month.*
- Payments can also be made in cash and are due on the first of each month.*
- Uniform, field trips, and books fees are not included in the tuition fees.*
- A non-refundable registration fee of \$150 is required upon registration of each new and returning student.*

### **Late Tuition Fee Penalty**

***Tuition Fees are due at the beginning of each Month.*** Delays in paying tuition fees adversely affect the school in meeting its commitments. Extended delays create an unpleasant situation, whereby our administrative staff needs to make repeated requests to pay, thus creating an inconvenience to both parents and school.

***A cumulative penalty of \$20 per month per child will be applied when tuition is not paid one month after the month they are due. Please note that these penalties are not negotiable.***

For example, if the January payment for one student is not received by end of February, a penalty of \$20 will be applied on March 1<sup>st</sup>. If the January payment remains unpaid until end of March, another \$20 will be applied on April 1<sup>st</sup>, and so on.

If the January payment was for two students, the penalty will double to \$40 per month until paid.

### ***Parental/Guardian Agreement***

*Parent/guardian name* \_\_\_\_\_ *Date of Enrolment* \_\_\_\_\_

I, parent/guardian, declare that I am recommended to complete the long form but decided to complete this short form instead. I declare that I am responsible for all the content of the long form.

I understand that it is my responsibility to keep the school updated with any changes to our contact information, emergency contacts, any related medical condition and allergies of the student.

I hereby agree to the above-mentioned conditions and terms.

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

\_\_\_\_\_  
*Date*

Ahlul-Bayt Islamic School  
**PARENTAL PERMISSION FORM**  
**SCHOOL ACTIVITIES, OUTINGS AND PICTURES**

A number of outings and activities are planned each year to compliment the school's academic program. Students will usually have specific activities or work as a result of an outing.

In addition, a number of scheduled activities, which are part of the school program, will take place away from the school site.

**Scheduled Activities:**

Some components of the Physical Education and Sports program are conducted outside.

Recess breaks are usually taken outside the school buildings.

**Special Outings:**

These may include outings such as a visit to:

- Parliament Buildings      - Museums      - Picnic Grounds      - Vanier Library

Outings may also include visits to special events or other activities determined by the teacher and principal.

**Student Pictures by School Staff:**

Pictures of group or individual students may be taken during school outings, school activities and events, inside the school and/or in the classroom. These pictures may be used in school marketing material, published in school or grade newsletters, and/or posted on the school's website.

The school is not responsible for any pictures that are taken by students of their peers.

**Pictures taken by parents or other guests while on school property or during school events**

- This policy applies to parents, guests of parents, guests of school staff, and guests of the school.
- This policy applies while on school property and outside the school during school-sponsored events.
- Parents/guests are permitted to take photos of their own children and surroundings.
- Parents/guests are not entitled to take pictures of other students without permission of their parents.

**Transport of Students:**

In exceptional circumstances or emergency situations, where it is not possible to communicate with a parent, it may be necessary for a teacher to transport a student in his/her own vehicle.

In this event, the teacher's personal auto insurance will cover the student as a passenger.

**Parental/Guardian Agreement - Required**

I, \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_

Agree to my child participating in the school activities, outings, and pictures which are part of the school program.

I understand that in exceptional circumstances or emergency situations, where it is not possible to communicate with me, it may be necessary for a teacher to transport a student in his/her own vehicle and that teacher's personal auto insurance will cover my child in this event.

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

\_\_\_\_\_  
*Date*