



IQRA ISLAMIC SCHOOL

"Certified by the Ministry of Education, BC, Canada"

Application for Admission

Today's Date:

Year	Month	Day	Grade	School Year
2025				20 / 20

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
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Canadian / Landed Immigrant?				
Immigration Authorization. Give Expiry Date:		Y:	M:	D:

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

Last Name	First Name	Middle Name	Address (if different from student)	Cell Phone	Work Phone

Father's Name

Last Name	First Name	Middle Name	Address (if different from student)	Cell Phone	Work Phone

Guardian's Name

Last Name	First Name	Middle Name	Address (if different from student)	Cell Phone	Work Phone

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

Name

Last	First	Middle	Address	Relationship to student

Home Phone

Work phone

Cell Number

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GENERAL INFORMATION:

Language(s) spoken at home:

Last school attended:

School Name

Area code / phone number)

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Last grade completed

Year

City

Province / State

Country

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MEDICAL INFORMATION:

Care Card Number:

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Please note Application without the registration fee will not be processed

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

Please enclose:

_____ \$ 200 Registration fee (non-refundable.)

_____ **\$ 1000.00 Improvement Fees (non-refundable)** _____ **Initial**

_____ 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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Office 365 Form

Iqra Islamic School is using Microsoft Teams as our learning management system. Access to Microsoft Teams requires the creation of an email address for your child, which they will keep for the duration of their time at Iqra Islamic School.

This account gives students access to some of the following features:

- Microsoft Teams
- Word, Excel, and PowerPoint (online versions)
- Outlook (email)

Students are expected to use these tools to develop and submit assignments, communicate and collaborate with their classmates, and correspond with their teachers. Kindly note the following:

- Students are **NOT** permitted to use this resource for **ANY** activities that are not related to the academic demands (that includes personal chats with friends about unrelated topics).
- Parents and students are strictly prohibited from recording and/or sharing or redistributing any content (irrespective of whether that content is live or previously recorded).
- Continuous parental control and monitoring is **required**
- There will be consequences if a student misuses Office365, Microsoft Teams or any of its available apps and features. Students will be dealt with according to Iqra's discipline policy.

We recommend that you use this opportunity to discuss with your children the importance of digital safety and awareness.

By signing below, you acknowledge that you have read, understood, and agree to all the information provided in this letter regarding the use of Microsoft Teams and Office365 at Iqra Islamic School.

Parent Name: _____

Child's Full Name: _____ Grade & Division: _____

Parent Signature: _____ Date: _____

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