**Registration form**

**for new Kindergarten to Grade 8 students**

**Registration for September, 20\_\_\_\_\_**

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

**Académie islamique du Manitoba / Islamic Academy of manitoba**

*École Sofiya School and Collège Sofiya*

[academie-islamique@mts.net](mailto:academie-islamique@mts.net)

(204) 231-4441

**Should any information provided on this form change during the school year, please notify the school.**

|  |  |  |
| --- | --- | --- |
| Student’s Name*Given Names Family Name* | | Home Phone Number |
| **Student’s Address**  *Apt.* **/***Street*  *City Province Postal Code* | | |
| **Student’s Date of Birth**  Day Month Year | **Birth Place**  \_\_\_\_Canada \_\_\_\_Other (please specify) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parents or Guardians** | Father | Mother | Guardian(s) |
| Given Names |  |  |  |
| Family Name (if different from the student’s family name) |  |  |  |
| *Home Phone Number (if different from the student’s phone number)* |  |  |  |
| *Home Address (if different from the student’s address)* |  |  |  |
| Career/Occupation |  |  |  |
| Phone Number where the school can reach the parent during the school day |  |  |  |
| E-mail |  |  |  |

**Name and age of student’s brothers and sisters**:

|  |  |  |
| --- | --- | --- |
| 1. | 3. | 5. |
| 2. | 4. | 6. |

**In case of emergency**, the school will first communicate with the parents or guardians of the student. Should the school be unable to reach them, please specify a person the school may call. The person designated will have the right to pick up your child at school.

|  |  |  |
| --- | --- | --- |
| Name | Phone number | Student’s relationship with this person |
|  |  |  |

**In all cases (emergency or not), the school will only let a student leave the school with the parents/legal guardian or with a person designated by the parents/ legal guardian.**  Please list the names of all persons who have your permission to pick up your child. You may add or eliminate names anytime during the school year, but will have to sign again.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of person who may  pick up your child from school | Phone number of the person who may pick up your child | Parent signature | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please fill out page 2 of this form.

page 2 of Registration Form - **A**cadémie **I**slamique du **M**anitoba / **I**slamic **A**cademy of **M**anitoba : *École Sofiya*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Languages spoken** | Student | Father | Mother | Guardian(s) |
| Arabic |  |  |  |  |
| *French* |  |  |  |  |
| *English* |  |  |  |  |
| Other(please specify) |  |  |  |  |
| Other(please specify |  |  |  |  |

**Specify any medical condition or physical handicap which the school should know about (for example, allergies, asthma, student uses a wheelchair, etc.) :**

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

Manitoba medical numbers (family number and student’s number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If necessary, indicate any information that might help the school’s staff understand your child and facilitate his or her entry into school:**

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

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

**Please indicate the name and address of the last school attended by the child, if applicable:**

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

Last grade completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following information is required by the Department of Education. Please indicate the name of the School Division where the child’s home is located (If you do not know the name of the school division, please give us the name of the public school nearest your home):**

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

**The following information is also required by the Department of Education. Is the student a member of an Aboriginal group** (Cree, Dene, Inuit, etc.)**?** \_\_\_\_\_\_\_\_\_\_If yes, please specify name of Aboriginal group:

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of parents or guardian Date**

**For all new enrolments, please submit the registration fee of $125 as well as the following documents:**

* Birth certificate or resident card of student
* Medical certificate indicating vaccines student has received
* Student`s last report card (if he or she has attended another school)

**L’ A**cadémie **I**slamique du **M**anitoba / Islamic Academy of manitoba will, Insha Allah, make a photocopy of these documents and will return the originals to you.

##### For school use only

Registration fee: \_\_\_\_\_\_\_\_\_\_\_\_

Medical documents (vaccines): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth certificate or resident card: \_\_\_\_\_\_\_\_\_

Student’s records: \_\_\_\_\_\_\_\_\_

Note: This form is for students who have never attended the Academy. For previously enrolled students, please fill out the update registration form.