



REGISTRATION FORM

ACADEMIC YEAR 2019/2020

Date of Application <small>(dd-mm-yyyy)</small>		Registration Number	
SECTION A : Class Applying For			
<input type="checkbox"/> GRADE 1	<input type="checkbox"/> GRADE 5	MONTESSORI	<input type="checkbox"/> HIFZ
<input type="checkbox"/> GRADE 2	<input type="checkbox"/> GRADE 6	<input type="checkbox"/> CASA 1	
<input type="checkbox"/> GRADE 3	<input type="checkbox"/> GRADE 7	<input type="checkbox"/> CASA 2	
<input type="checkbox"/> GRADE 4	<input type="checkbox"/> GRADE 8	<input type="checkbox"/>	

Attest
Passport Size Photograph
(White Background)

SECTION B : Applicant's Information											
Applicant's First Name						Last Name					
Middle Name						Nationality					
Date of Birth: (dd-mm-yyyy)				Age:				Male <input type="radio"/>		Female <input type="radio"/>	
Address:						Apartment#:					
City:				State:		Postal Code:					
Primary Contact:				Cell							
Email:											

SECTION C : Previous School		
Name of the Previous School	Contact	Last Grade Completed

SECTION D : Parent's/Guardian's Information and Contact #					
Student lives with :					
Both Parents <input type="radio"/>	Mother <input type="radio"/>	Father <input type="radio"/>	Others <input type="radio"/>	<i>(Exclusive Custody: Attach the Court Order)</i>	
Name (First Name, Last Name)			Cell		Email
Mother					
Father					
Guardian					

SECTION E : Emergency Contact #		
Name (First Name, Last Name)	Relationship	Phone/Cell
Contact 1		
Contact 2		

SECTION F : Medical Information											
Does your child have any medical conditions that may impact his study at Al Manarat Heights or that may require attention while he/she is on campus? YES <input type="radio"/> NO <input type="radio"/> Please ensure to complete the Medical Form .											
Health Card Number						Version Code					

SECTION G : School Directory

I authorize Al-Manarat Heights to include the names, email addresses and other contact information for our immediate family in the school directory.

SECTION H : Enrollment Agreement

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT : The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the Al-Manarat Heights under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended. The information will be used to register and place the student in a school, to communicate school related information and activities to parent/guardian via email if provided, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, please speak to your school principal. In case of emergency, and the disclosure of health related information to the Medical Officer of Health. Questions regarding this collection and use of personal information should be directed to the Office.

*** Al-Manarat Heights reserves the right to open, merge, and/or close classes based on the number of students registered in the class.**

*** I take full responsibility to enroll my Child at Al-Manarat Heights. I am financially responsible and agree to the terms and conditions.**

SECTION I : Signature

PARENT'S / GUARDIAN'S SIGNATURE

DATE:

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ADMISSION CHECKLIST

- 1 REGISTRATION FORM
- 2 PARENTAL AGREEMENT FORM
- 3 FINANCIAL CONTRACT FORM
- 4 MEDICAL FORM
- 5 1 RECENT PASSPORT SIZE PHOTO
- 6 A COPY OF BIRTH CERTIFICATE
- 7 A COPY OF IMMUNIZATION RECORDS
- 8 A COPY OF HEALTH CARD
- 9 IMMUNIZATION RECORDS FORM
- 10 COURT ORDER (IN CASE OF EXCLUSIVE CUSTODY)