



Az-Zahraa Islamic Academy

8580 No. 5 Road, Richmond, BC CANADA V6Y 2V4 Tel: 604.274 7861

Admission Application (For Kg and up)

In the Name of Allah, the Most Beneficent, the Most Merciful.

To apply for admission of your child to the Az-Zahraa Islamic Academy, please complete the enclosed forms and provide the following documents:

- * Registration Form
- * Immunization Record (from doctors / health department)
- * Copy of Birth Certificate
- * Copy of Immigration paper or Canadian citizen card or Refugee Status (if child is born outside Canada)
- * Copy of Legal Residency of Parent (form attached)
- * Copy of B.C. Care Card
- * Copy of last Report Card
- * Non-refundable Registration Fee of \$200.00 payable to Az-Zahraa Islamic Academy. (This fee will be applied to the last month's fees if your child is accepted.)
- * Non-refundable Testing Fee of \$100.00 payable to Az-Zahraa Islamic Academy.

Please note that separate application packages must be submitted for each child and that only complete application packages will be accepted. The application deadline is April 30, 2016 after which time there will be a late registration fee of \$250.00. Parents should be aware that once class size limits have been reached, remaining applicants will be placed on a waiting list. All new students will be assessed. This ensures that the student will have success at our school. The administration will contact parents to arrange an assessment time. The school will contact the parents/guardians regarding the application outcome.

The school fees for the 2016/2017 school year are \$3150 and may be paid by ten monthly post-dated checks of \$315. There are discounts in place for paying up front (less \$150) or in three installments (less \$100). Please make all cheques payable to Az-Zahraa Islamic Academy. NSF cheques will be subject to a \$10.00 service charge. The academy's financial stability is dependent upon the commitment made by parents to support the school on a yearly basis. Should a child withdraw mid-year, the parents are obligated to pay a three month tuition fine. Any unsettled accounts may result in your child being dismissed from attending the school. Receipts for tuition fees will be forwarded at the end of the school year. Tax deductible receipts will also be issued for any donations. Please make donation cheques payable to Shi'a Muslim Community of BC.

Thank you for your interest in Az-Zahraa Islamic Academy.

Rabbi Zidni Ilman, Walhiqni Bis Swaliheen.
My Lord, increase me in knowledge and make me of the virtuous.



STUDENT RECORDS

Name of Child: _____
Surname Given Name Middle Name

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ E-mail: _____

Name of Parent/Guardian: _____ Parent/Guardian Relationship _____

Child's Gender: Male / Female (please circle) Child's Date of Birth: YY__ MM __ DD__

Place of Birth _____ Citizenship: _____

Primary language Spoken at Home: _____ Second Language: _____

Previous School Name (if applicable) _____ Grade Completed: _____

Previous school Address & Phone No.: _____

EDUCATION INFORMATION

* Does your child have any special needs:	Yes ____ No ____	If yes, please specify:
* Is your child currently attending a Special Education class or being considered for one?	Yes ____ No ____	If yes, please provide details:
* Does your child have difficulty hearing?	Yes ____ No ____	If yes, please provide details:
* Does your child have any difficulty with vision?	Yes ____ No ____	If yes, please provide details:
* Is your child receiving services either privately or from the Richmond Health Department?	Yes ____ No ____	If yes, please provide details:

Other health concerns, including allergies, you wish to share with the staff: _____

EMERGENCY CONTACTS

Emergency contact:	Phone:	Relationship to Child:
Emergency Contact:	Phone:	Relationship to Child:

FATHER'S INFORMATION:

MOTHER'S INFORMATION:

Name: _____

Name: _____

Phone (Work): _____

Phone (Work) _____

Phone (Cell): _____

Phone (Cell) _____

If there is a custody agreement, please give any details you wish us to be aware of:

Names and birth dates of other children living at home:

Name: _____

Birth date: _____

Relationship to Child: _____

Child's Care Card Number: _____

Family Doctor: _____ Phone No: _____

Dentist: _____ Phone No.: _____

OFFICE USE ONLY:

DATE RECEIVED:	DATE REVIEWED:	ACCEPTED BY:

LEGAL RESIDENCY OF PARENT – FORM A

To be completed and signed by a parent or legal (court-appointed) guardian. (If legal guardian, attach copy of court order appointing you as legal guardian).

(Lawfully Admitted into Canada)

1. I am (please X one):

A Canadian citizen (if not born in Canada, please attach a photocopy of citizenship paper / card)

A landed immigrant (attach photocopy of landed immigrant status paper)

Lawfully admitted into Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):

Admission as a refugee claimant

A person claiming refugee status who has a letter of no objection

Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)

Employment authorization (working permit) for two or more years (or issued for one but anticipated to be renewed for one or more additional years)

A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counterfoil in his / her passport)

Other – Document description: (must be cleared with Immigration Canada) _____

2. I am a resident of British Columbia (Please X one):

Yes Residency address: _____

No I am not a resident of British Columbia

Confirming signature:

3. Parent / Legal Guardian's name: _____

Parent / Legal Guardian's signature: _____

Date: _____

**An Important Message
From Your
School Nurse**



“Public Health Nurses promote the health and well being of school aged children.”

IMMUNIZATION

- Provide a complete history of your child’s immunizations to your school.
- Ensure your child’s immunizations are up-to-date.
(See the immunization schedule on the back of this page)
- **The kindergarten immunization (4-6 year old shot) is recommended prior to the start of the school year.**
- For immunizations, contact Richmond Public Health at 604-233-3176 to make an appointment, or visit your family doctor.

MEDICAL CONDITIONS

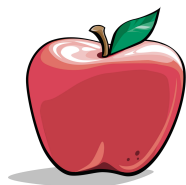
- Please share with the teacher any health concerns that will affect your child’s day at school.
- If your child needs medication to be given by school staff, a special form must be completed. *(This form is at your school office)*

HEARING, VISION & DENTAL HEALTH

- Hearing and vision screening will be provided to all Kindergarten students.
- It is important for your child to see a dentist every 6 months to maintain good oral health.
- If you have any concerns, contact your school nurse.

NUTRITION

- Send healthy snacks and water to school with your child each day.



A healthy child is a better learner!

Questions?

Call your Public Health Nurse at 604-233-3150

Thank you

Routine Childhood Vaccination Schedule

As of August 2013

For Best Protection: Get Them All! Get Them On Time!

Age when children should get their vaccines →	2 Months	4 Months	6 Months	12 Months	18 Months	Kindergarten Starting age 4	6 Grade	9 Grade
Vaccine Preventable Disease Protection								
Rotavirus	•	•						
Diphtheria	•	•	•		•	•		•
Pertussis (Whooping cough)	•	•	•		•	•		•
Tetanus	•	•	•		•	•		•
Hepatitis B	•	•	•					
Polio	•	•	•		•	•		
Hib (<i>Haemophilus influenzae</i> type B)	•	•	•		•			
Pneumococcal Conjugate	•	•		•				
Meningococcal C Conjugate	•			•			•	
Hepatitis A (Aboriginal infants only)			•		•			
Flu (Influenza)			Influenza is recommended and free every year during flu season for children 6-59 months of age.					
Measles Mumps Rubella } MMR				•		•		
Chickenpox (Varicella)	Start MMR and chickenpox vaccines on or after your child's first birthday. If either vaccine is received before this time it will need to be repeated.			•		•	•	•
							All children should receive 2 doses of chickenpox vaccine, 1-2 dose catch-up program.	
HPV (Human Papillomavirus) <i>Girls only</i>							••	• *New*

Parents, it's important to keep your child's vaccination (immunization) record in a safe place. A record of your child's history will be required during the registration process at childcare, preschool and kindergarten entry.

If your child has a medical condition you should consult your public health nurse or family doctor about their immunization needs. They may qualify for other free vaccines. Your child may have received their vaccines at a different time, or in another province or country, and their record may look different from the above schedule. A public health nurse will review your child's record and will recommend vaccines your child is eligible to receive for free. Children may also benefit from other non-publicly funded vaccines such as HPV vaccine for boys, other meningococcal and travel vaccines.

To find a VCH community health centre for a vaccination appointment or questions visit <http://www.vch.ca/>