



Hamilton Downtown Islamic School

221 York Blvd.

905-581-7132

www.hdislamicschool.com

السلام عليكم
peace be upon you

It is our distinct pleasure and honor to welcome you all to Hamilton Downtown Islamic School. Hamilton Downtown Islamic School (HDIS) started its operation on the 5th of September 2017.

Our goal is to achieve high academic standards; teach valuable subjects that are not offered in public schools such as Quran, Islamic Studies, and Arabic beside Ontario Curriculum; and ensure that our students are learning in an environment that appreciates and practices Islamic rules and regulations.

Our staff work hard to maintain an environment of caring, respect, good education, and high Islamic values.

Registration is now open and will be closed once classes are full (on a first come first serve basis).

Important information to all of our parents!

New Registration will be opened at the end of the month of March of the new school year, Monday to Friday 9:00am till 2:30pm at 221 York BLVD, Hamilton, ON; L8R1Y6.

If you have any questions, please direct them to HDIS Office: 905 581 7132 or email to office@hdislamicschool.com

Courses:

*Arabic *French *Islamic Studies *Qura'an *Social Studies

*English *Math *Science *Physical Activity *Art



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Documents for Complete Student Registration

Assalaamu Alaykum wa Rahmatullahi wa Barakatahu Parents/Guardians,

For completing the student registration, the school will require **one** of the following:

- ☐ Canadian Citizenship Card
- ☐ New Permanent Resident Card
- ☐ Any government issued ID that documents legal status in Canada (e.g. Registered Refugee Status documents)

In addition, you **must** provide copy of the following:

- ☐ Proof of Birth (Birth Certificate)
- ☐ Student and parent/guardian's full mailing address (example: as shown on a hydro bill)
- ☐ Previous school record (Report Card/ OEN) if applicable
- ☐ OHIP Health Card
- ☐ Immunization record
- ☐ Custody information (if applicable)

Please note that ALL OF THE ABOVE REQUIREMENTS MUST BE FULFILLED TO REGISTER YOUR CHILD *BEFORE ONE WEEK PRIOR 1st DAY OF SCHOOL.*



HDIS Registration Form

Hamilton Downtown Islamic School

221 York BLVD, Hamilton, ON, L8R 1Y6 | 905-581-7132

Start Date: _____ Grade: _____ Home Room: _____

OEN: _____ HDIS Student #: _____

For Office Use ONLY

Proof of Address

Birth Certificate

Immunization

Report Card

Proof of Status in Canada

Photo

Health Card

Insert
Passport
Photo

LEGAL NAME OF STUDENT

LAST	FIRST	MIDDLE
Date of Birth (MM/DD/YYYY)	Gender: <input type="radio"/> Male <input type="radio"/> Female	Home Phone:
Country/Province of Birth:	Country of Citizenship	Status in Canada
First Language Spoken	Can the Student Speak Arabic? <input type="radio"/> Yes <input type="radio"/> No	Do you require an interpreter to help you Communicate with School? <input type="radio"/> Yes <input type="radio"/> No
Student Status (please attach documentation):		
<input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident	<input type="radio"/> Refugee <input type="radio"/> Other	Previous Country/Province of Residence if Outside Ontario:
Birth Verification Documentation (e.g. Birth Certificate, Passport, Citizenship Card)		<input type="radio"/> Attached
Date of Entry to Canada(MM/DD/YYYY):		Date of Entry to Ontario(MM/DD/YYYY):

ADDRESS

Street #	Street Name:	Apt/unit	City/Town:	Province:	Postal Code:
MEDICAL INFORMATION					
Health Card Number:	Family Doctor Name:	Family Doctor Phone Number:			
Does the student have any medication that school staff will need to administer? <input type="radio"/> Yes <input type="radio"/> No (If yes, please fill out Medication Form)					
Condition Details: Medication Details:					
<input type="radio"/> Allergies <input type="radio"/> Asthma <input type="radio"/> Anaphylaxis	Specific Medications (e.g. Inhaler/EpiPen)?	Life Threatening Conditions?	Other:		

PREVIOUS SCHOOL INFORMATION

School Name:	School Board:	Phone Number:	Language of Instruction:	Date Last Attended School:(MM/DD/YYYY)
Previous School Full Address				
Last grade completed or currently enrolled in:	Has your child ever been expelled from another school? <input type="radio"/> Yes <input type="radio"/> No	Does the student have an IEP? ESL? Behavior Support Plan? <input type="radio"/> Yes <input type="radio"/> No	If IEP, then a copy of IEP is required. <input type="radio"/> N/A <input type="radio"/> IEP	Please provide and attach the last issued report card: <input type="radio"/> N/A <input type="radio"/> Attached

DOES THE STUDENT HAVE SIBLINGS REGISTERED/REGISTERING AT THIS SCHOOL?

1) Full Name	Grade	3) Full Name	Grade
2) Full Name	Grade	4) Full Name	Grade

CUSTODY INFORMATION
Custody Arrangements: (If a court order is in place limiting access to the student, please produce document for copying at the school)
<input type="radio"/> Both parents together <input type="radio"/> Joint <input type="radio"/> Sole (one parent) <input type="radio"/> Crown Ward <input type="radio"/> Foster Care <input type="radio"/> Other
If student is in the care of Children Aid, please provide agency name, caseworker name and contact information

PARENT/GUARDIAN # 1 INFORMATION					
Last Name:		First Name:		Middle Name:	Lives with Student: <input type="radio"/> Yes <input type="radio"/> No
Relationship to Student (must provide proof of custody if not the parent):				Is there a court order to prevent this parent from accessing the student? <input type="radio"/> Yes <input type="radio"/> No	
Home Phone: Cell Phone:		Work Phone: Extension:		Language Spoken at Home:	Email:
ADDRESS OF PARENT 1 (IF DIFFERENT FROM STUDENT)					
Street #	Street Name		Apt/unit	City/Town:	Province: Postal Code

PARENT/GUARDIAN # 2 INFORMATION					
Last Name:		First Name:		Middle Name:	Lives with Student: <input type="radio"/> Yes <input type="radio"/> NO
Relationship to Student (must provide proof of custody if not the parent):				Is there a court order to prevent this parent from accessing the student? <input type="radio"/> Yes <input type="radio"/> NO	
Home Phone: Cell Phone		Work Phone: Extension:		Language Spoken at Home:	Email:
ADDRESS OF PARENT 2 (IF DIFFERENT FROM STUDENT)					
Street #	Street Name:		Apt/unit	City/Town:	Province: Postal Code:

ALTERNATE AND EMERGENCY CONTACTS				
Name	Relationship	Language Spoken	Phone:	Can pick up student?
Name	Relationship	Language Spoken	Phone :	Can pick up student?
Name	Relationship	Language Spoken	Phone :	Can pick up student?
I have obtained the consent of the person(s) listed above to be named as alternate/emergency contacts:				<input type="radio"/> Yes

NOTICE OF COLLECTION AND USE OF PERSONAL INFORMATION
Information on this form is collected under the legal authority of the Education Act in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). It will be used to establish the Student Record, and for student and education related purposes such as registration, administration, communication, and data reporting. Student information such as name, date of birth, and contact information may be released to the Regional Health Units in accordance with the Health Protection and Promotions Act and the Immunization of School Pupils Act. Student information is used by the Ontario Ministry of Education and by EQAO for education related purposes. Questions or concerns should be directed to the school principal.

PERMISSION ACKNOWLEDGEMENTS AND RELEASE OF INFORMATION

I verify that the information provided on this form is true and correct. I understand that it is my responsibility to inform the school immediately of any changes to the information contained on this form.

Signature of Parent/Guardian of Student:	Date (MM/DD/YYYY):
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HDIS TUITION FEES FORM

Parent/Guardian's First and Last Name: _____

Phone Number: _____ Email: _____

Address with Postal Code: _____

OFFICE USE ONLY		
	Reg. /Sup. Fee Paid?	Method of Payment
1		
2		
3		
4		

Child's Name(s)	Grade	Monthly Tuition Fee \$
TOTAL AMOUNT per MONTH: \$		

Method of Payment (3 options)

Note: Please select only **ONE** method of payment. The chosen method cannot be changed during the school year.

☐ **By Credit Card (not debit card)**

Credit card type: _____

I _____ authorize the **HAMILTON DOWNTOWN ISLAMIC SCHOOL** to withdraw the school monthly tuition fee(s) of \$ _____ on the 1st of the month starting September 1st of the current school year or date ____ of every month of the school year using my:

credit card # _ _ _ _ _ with expiry date _ _ / _ _ and security code _ _ _

☐ **By Direct Debit Withdrawal**

I _____ authorize the **HAMILTON DOWNTOWN ISLAMIC SCHOOL** to withdraw the school monthly tuition fee(s) of \$ _____ on the 1st of the month starting September 1st of the current school year or date ____ of every month of the school year using my Pre-authorized Bank Debit transaction/VOID cheque is attached.

Signature of account holder: _____

Date: _____

OFFICE USE ONLY

Signature of Accountant: _____

Date: _____



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Monthly Payment Policy

The Hamilton Downtown Islamic School is strictly enforcing the following monthly payment policy.

1. If you choose to withdraw your child (before or during the school year), you must inform the Principal or Admin office either by email, phone call, or walk-in to the Principal or Admin office and inform them.
2. If you withdraw your child during the school year, you must provide the school with **30 days prior notice (minimum) before the 1st of the month that you are going to withdraw your child**. If you fail to provide early notice, you will still be responsible for paying the next one month's monthly fee after signing the formal withdrawal form with the principal. No exceptions will be given.
3. If the child is absent for a vacation period during school study period, or taking time off for any given reason, **you must pay the fees for that specific period**. Your child's absence from the school, regardless of the length of the time period, still requires you to make full payments for that given period. Unless there are genuine reasonable reasons for taking the child off during the school year.
4. Late payment fees charges will be enforced on any late monthly payment fees. The late charges are \$30.00 for each month. The amount will be automatically withdrawn from the account on mutual agreed upon date for a particular month.
5. No Walk-in payment would be accepted. All school fees payments must be by posted cheques, direct deposit, or by credit card.
6. **There is no refund of supply and registration fees.**

I, _____, am the parent/guardian of _____ presently enrolled in the Hamilton Downtown Islamic School, in grade _____.

The only time that payments will be stopped is when you choose to fully withdraw from the school, after 30 days prior notice to the Principal on the official withdrawal form.

I have read and understood the School Monthly Payment Policy.

I have properly filled out the Student Registration form and the Student Medical Information (including vaccination, health card, family doctor, medical concerns etc.).

Parent/Guardian Name

Signature and Date



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Student Media Release Consent Form

Part 1– MEDIA SPECIFIC

I, (Parent Name) _____ (Child Name) _____, hereby agree and give my permission for HDIS and/or partners to record, film, photograph, audiotape or videotape my/my child's name, image, student work, and performance (hereinafter collectively referred to as "Works") and to display, publish or distribute these Works for the purpose of publishing, posting on HDIS website, posting in schools, posting on social media sites and/or for broadcasting on television or radio as determined by HDIS.

I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these Works.

I understand that the Works may appear in electronic form on the internet or in other publications outside of the HDIS's control. I agree that I will not hold HDIS responsible for any harm that may arise from such unauthorized reproduction.

☐ AGREE: Please mark this box if you AGREE that your child may participate in recorded HDIS/school events and HDIS hosted events as described above. (See Part 2 below)

☐ DO NOT WISH: Please mark this box if you DO NOT WISH your child to participate in recorded HDIS/school events and HDIS hosted events.

Part 2 – EVENTS

I also understand that external media organizations may attend school events. I give permission for my/my child's name, image, student work, and performance to be photographed, filmed, audio-taped or videotaped for the purpose of being published and/or broadcast on-line, on television or radio.

☐ AGREE: Please mark this box if you AGREE that your child may participate in media events that may be published or broadcast by organizations external to HDIS.

☐ DO NOT WISH: Please mark this box if you DO NOT WISH your child to be photographed, filmed, audio-taped or videotaped at media events.

I have read this Student Media Release Consent Form and I fully understand the contents and meaning of this release.

I understand that I am free to contact the Principal with any questions regarding this release.

Student's Name: _____

Grade: _____

Parent's/Guardian's Name: _____

Parent Signature: _____

Date: _____



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Student Media Release Consent Form

Medical Matters:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Name: _____

Relationship: _____ Phone : _____

Family Doctor: _____ Phone : _____

Family Health Plan Carrier: _____ Policy #: _____

Specific Medical Information: The Organizer will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations—Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: