



ISNA SCHOOLS

APPLICATION FOR ADMISSION

All required information must be provided to proceed with the Admission Process

Please checkmark information submitted

- completed Application for Admission form
- \$100 (non-refundable) application fee - cash/cheque
- a recent photo of the applicant
- a copy of the applicant's passport or birth certificate
- a copy of the applicant's record of immunization with yellow immunization form completed
- copies of the applicant's most recent report cards (minimum two report cards)
- a copy of the most recent transcript (if applying for Grades 10-12)

PHOTOGRAPH

Applying for Grade: _____ School Year: _____

INFORMATION FOR ONTARIO STUDENT INFORMATION SYSTEM (ONSIS)

Name: _____
Surname First Middle

Home Address: _____
Street Apartment #

City Province Postal Code

Date of Birth: _____ / _____ / _____ Male: _____ Female: _____
M D Y

Country Of Birth: _____ Country of Citizenship: _____

Entry date into Canada: (if student has studied overseas more than one year / or a Permanent Resident):

Year: _____ Month: _____

Country Entered From: (if student has studied overseas more than one year): _____

Status in Canada (Please check all that apply)
 Canadian Citizen
 Native Ancestry
 Permanent Resident or Landed Immigrant
 Visa Student
 In Canada, on the authority of another visa (such as parents work visa)
 (N/A)
 Refugee Status
 Other

Applicant lives with: (Please check all that apply)
 Father
 Stepfather
 Father Deceased
 Mother
 Stepmother
 Mother Deceased
 Both Parents
 Parents Divorced / Separated
 Guardian / Other _____

FOR OFFICE USE ONLY

Received: _____ / _____ / _____ Interviewed: _____ / _____ / _____ Approved for Admission: Yes No
M D Y M D Y

Notes/Comments: _____ Authorized Signature: _____

PARENT/GUARDIAN INFORMATION

Father/Guardian: _____

Home Address (if different than Student address) _____

City/Prov.: _____

Postal Code: _____

Home Telephone: (____) _____

Work Telephone: (____) _____

Cellular Phone: (____) _____

Contact E-mail: _____

Occupation: _____

Employer: _____

Describe the Nature of Work: _____

Mother/Guardian: _____

Home Address (if different than Student address) _____

City/Prov.: _____

Postal Code: _____

Home Telephone: (____) _____

Work Telephone: (____) _____

Cellular Phone: (____) _____

Contact E-mail: _____

Occupation: _____

Employer: _____

Describe the Nature of Work: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1 Name: _____ Relationship: _____ Day Ph.: (____) _____

Emergency Contact #2 Name: _____ Relationship: _____ Day Ph.: (____) _____

MEDICAL / HEALTH INFORMATION

Family Physician Name: _____

Telephone: (____) _____

Health Card Number (OHIP): _____

- Medical Conditions/Allergies (please list):

1. _____

2. _____

3. _____

- Is the applicant taking medication on a regular basis? Yes No

If yes, please indicate: _____

- Is the applicant fit to participate in sports and physical exercise? Yes No

If no, please explain: _____

- Please indicate any other medical conditions we should be aware of (if any):

PARENTAL CONSENT FOR EMERGENCIES

In the event of an injury requiring medical attention, I hereby grant permission to ISNA Schools to share any information listed within this form with the supervising teacher or staff in order to attend to my child during school hours. I understand that every effort will be made to contact me, however, if the injury warrants emergency medical attention, and I am unreachable, I grant permission to ISNA Schools for necessary medical treatment to be given, including permission to transport my child(ren) to the nearest medical facility.

Parent/Guardian Signature: _____ Date: _____

PREVIOUS SCHOOL INFORMATION

Please list the last three schools the student has attended:

Name of School and Board: _____ Grade: _____ Year: _____

Name of School and Board: _____ Grade: _____ Year: _____

Name of School and Board: _____ Grade: _____ Year: _____

OTHER INFORMATION

Please list all siblings currently attending ISNA Schools:

1. Name: _____ Grade: _____

2. Name: _____ Grade: _____

3. Name: _____ Grade: _____

Please list siblings who previously attended or graduated from ISNA Schools:

1. Name: _____ Grade: _____ Year: _____

2. Name: _____ Grade: _____ Year: _____

3. Name: _____ Grade: _____ Year: _____

PLEASE FILL IN THE FOLLOWING INFORMATION

1. Has the applicant undergone:

a) Additional educational assessment for learning exceptionalities? Yes No
If yes, please enclose documents.

b) Enrolment in E.S.L. or language tutoring classes? Yes No

2. Does the applicant have an IEP (Individualized Education Plan)? Yes No

3. Please provide any other pertinent information that may be helpful in assessing your child.

E-MAIL AUTHORIZATION

Please check one of the following:

Please add my e-mail address to the School's Mailing List to receive important school announcements and updates

Please do not add my e-mail address to the School's Mailing List

APPLICATION FOR ADMISSION AGREEMENT

Thank you for your interest in registering your child at ISNA Schools. It is a privilege and a tremendous responsibility which we undertake in providing a high level of education to the youth of the community. Please read the agreement terms of this application carefully below before signing and dating the application.

1. All completed documents must be submitted with this application along with \$100 non-refundable Application Fee prior to the registration deadline before a student is considered for an interview or admission test.
2. The \$100 Application Fee is not refundable for any reason once this application has been submitted. It covers only the application review and related process. There is an additional \$100 Registration Fee once the student has been admitted to the school along with other fees as per ISNA Schools Tuition Fee Schedule.
3. I acknowledge that submission of this application does not entitle my child for an interview or an entrance test if the school deems that my child does not fulfill all school academic (minimum of 70% average in Math, English and Science) and behaviour requirements or if there is a long waiting list in a particular grade.
4. Due to the high level of demand and waiting list, I understand that I may not be offered a spot regardless of my child's excellent track record or achievements.
5. The school Principal determines grade and course schedule based on the evaluation, age, and the student's academic records.
6. If my child is accepted and offered a spot, I must fulfill all financial requirements and complete the registration requirements prior to the deadline communicated to me. Failure to do so would result in my child's spot being given to another applicant.
7. ISNA Schools is not responsible for student transportation or bus service.
8. I hereby authorize ISNA SCHOOLS to contact schools and other sources to obtain information to support this application. I will not seek access to confidential recommendation and evaluation materials before or after my child's admission. The undersigned releases every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents and other information provided to ISNA SCHOOLS for that purpose.
9. I certify that all information in this application is accurate and up-to-date to the best of my knowledge. I acknowledge that any false statements or answers can lead to my child's admission being revoked.
10. If this agreement must be placed in the hands of a lawyer for enforcement and/or collection, the undersigned agree to pay all costs of enforcement and/or collection which shall include, but not be limited to, reasonable lawyer's fees and costs.

(I/We) have read and understood the Application for Admission Agreement above and agree to abide by the agreement.

Mother's or legal guardian's signature

Father's or legal guardian's signature

Date