

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 **PHOTOGRAPH** □ 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) Applying for Grade: _____ School Year: ___ INFORMATION FOR ONTARIO STUDENT INFORMATION SYSTEM (ONSIS) Surname Middle Home Address: _____ Apt. # House# Street Province Postal Code Country of Birth: _____ Country of Citizenship: _____ Province of Birth (if born in Canada): ______ Date Entered Ontario (if born in another province) ____/ ___/ ____ YY Date Entered Canada (if born out of Canada, or left Canada for more than 6 months): _____ / ____ / ____ / ____ YY Country Entered From (if born out of Canada, or left Canada for more than 6 months): ___ Status in Canada ☐ Canadian Citizen ☐ Visa Student \square (N/A) ☐ Native Ancestry
☐ Permanent Resident or (Please check all that apply) ☐ In Canada, on the authority ☐ Refugee Status of another visa (such as Landed Immigrant parents work visa) Authority Expiration Date (if student is in Canada on a temporary visa, such as Parent's work visa): _____ / ____ / ____ / ____ YY \square Mother Applicant lives with: ☐ Father ☐ Both Parents (Please check all that apply) ☐ Stepfather ☐ Stepmother ☐ Parents Divorced / Separated ☐ Father Deceased ☐ Mother Deceased ☐ Guardian / Other FOR OFFICE USE ONLY Received: ____ / ___ / ___ Interviewed: ___ / __ / ___ / ___ YY Approved for Admission: \square Yes \square No Notes/Comments: __ Authorized Signature: ___

PARENT/GUARDIAN INFORMATION	M. 1. /C	1.		
Father/Guardian: Home Address (if different than Student address)	Mother/G Home Add	Mother/Guardian:Home Address (if different than Student address)		
City/Prov.:	City/Prov.:			
Postal Code:	Postal Code	Postal Code: Home Telephone: ()		
Home Telephone: ()	Home Tele			
Work Telephone: ()	Work Telep	ohone: ()		
CellularPhone:()	CellularPho	CellularPhone:()Contact E-mail:		
Contact E-mail:	Contact E-			
Occupation:	Occupation	n:		
Employer:				
Describe the Nature of Work:	Describe the	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: Health Card Number (OHIP): • Medical Conditions/Allergies (please list): 1 2		one: ()		
Is the applicant taking medication on a regular basis If yes, please indicate:	is? \Box Ye			
Is the applicant fit to participate in sports and phys If no, please explain:				
Please indicate any other medical conditions we sha	ould be aware of (if an	ny):		
PARENTAL CONSENT FOR EMERGENCIES In the event of an injury requiring medical attention, I here this form with the supervising teacher or staff in order to a made to contact me, however, if the injury warrants emerg Schools for necessary medical treatment to be given, included the parent/Guardian Signature:	ttend to my child durin gency medical attention uding permission to tr	ng school hours. I n, and I am unrea ansport my child	understand that every effort will be chable, I grant permission to ISN	
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MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Personal information on this form is collected under the legal authority of the Education Act, R.S.O. 1980, c. 129 and Health Card Numbers Control Act, 1991. This information will be used for the purposes of: processing student registration, production of student databases, student placement and referrals, statistical and reporting requirements by the Ministry of Education, program to students, contracting parent(s), guardian(s), etc., 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.

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: ____ Grade: _____ Year: ____ Name of School and Board: For International / Homeschooled Students: If student has previously attended a school in Ontario (any grade from 1 -12) Name of School: Grade: _____ OTHER INFORMATION Please list all siblings currently attending ISNA Schools: Grade: 2. Grade: _____ 3. Please list siblings who previously attended or graduated from ISNA Schools: Grade: _____ Year: ____ 1. 2. Grade: _____ Year: ____ Name: Grade: _____ Year: ____ PLEASE FILL IN THE FOLLOWING INFORMATION 1. Has the applicant undergone: a) Additional educational assessment for learning exceptionalities? ☐ Yes \square No If yes, please enclose documents. b) Enrolment in E.S.L. or language tutoring classes? ☐ Yes □ No Does the applicant have an IEP (Individualized Education Plan)? ☐ Yes \square No 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

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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	n for Admission Agreement above and agree to ab	ide by the agreement.
Mother's or legal guardian's signature	Father's or legal guardian's signature	Date