



Application for Admission for School Year 2010 -2012

ADMISSION POLICY

Please submit this application with:

- Application fee of \$50 (New Students)
- Assessment Fee of \$50 (New Students)
- Registration Fee of \$150 (All Students)
- Post dated cheques for the complete academic year
- Academic history based on latest school records (if applicable)
- Vaccination records

Please note that the registration is not complete until we receive all of the above. Haadi reserves the right to reverse an admission decision if the student or parent/guardian misrepresents the information in the application in any way. Tuition fee for pre-school is \$6,600, Kindergarten is \$4,200 and Grade 1-7 is \$2,400.

SELECT GRADE LEVEL

Circle the grade level at which the student is expected to enroll

Grades: Preschool (3 yrs) JK(4 yrs) SK (5 yrs) 1 2 3 4 5 6 7

Please note: Haadi reserves the right not to open a certain grade (If the required minimum number of students is not met.).

FOR OFFICE USE ONLY

Application date: ____/____/____ Application fee: _____

School year: _____ Grade: _____ Age: _____ Cert. on file? Yes No

Number of Siblings: _____ Admission status: _____ Date: ____/____/____

Admittance letter sent on: _____

Start date: _____ Tuition deposit: Yes No Amount: _____

Entered by: _____ Date: ____/____/____



CHILDREN PICK UP AUTHORIZATION FORM

Your child's safety is of prime concern to the school. Please provide the names of persons other than yourselves that are authorized to pick up your children

Child Name _____

I authorize the following person(s) to pick up my children from the school:

1. _____
2. _____
3. _____

Parent's Signature

Date

VOLUNTEER FORM

If you would like to volunteer at the school, please fill out the form below.

Name: _____ Phone Number: (_____) _____

Days of the week and times that you are available

Signature: _____ Date: ____/____/____



STUDENT MEDICAL INFORMATION FORM

Health card Number	Family Doctor	Phone ()
Emergency Contact Name	Phone ()	Relationship
Emergency Contact Name	Phone ()	Relationship
Dietary Restrictions	Allergies/Asthma	Food Allergies
Medications	Medications	
Has the student suffered any serious allergic/asthmatic reaction?		<input type="checkbox"/> Y <input type="checkbox"/> N
Does the student need an inhaler OR Epi-Pen?		<input type="checkbox"/> Y <input type="checkbox"/> N
Does the student take any other medication?		<input type="checkbox"/> Y <input type="checkbox"/> N
Does the student have any other medical conditions that we should know?		<input type="checkbox"/> Y <input type="checkbox"/> N

FIELD TRIPS AND EXCURSIONS

I hereby permit my child

Student Name: _____ Date of Birth: ____/____/____

Health Card #: _____

To participate under supervision in field trips such as:

- ◆ Educational trips to industries, offices, museums, and other places of interest
- ◆ Authorized practical work outside the school property (complex grounds)
- ◆ Athletic and other trips authorized by the school etc.

During the period of enrolment at the school and such permission to remain in effect unless terminated by me during such period by express notice in writing to the Principal of the school.

*As the Parent/Guardian, I understand that field trips and/or extra-curricular activities involve certain elements of risk. Therefore, in allowing my child to participate in these activities, I agree to bear the responsibility for any accident that might occur. Please note that the student can reduce the chance of an accident occurring by carefully following the instructions at all times when engaged in any activity.

Parent/Guardian signature: _____ Date: ____/____/____