



BC MUSLIM SCHOOL

ADMISSION PROCESS

Welcome to the BC Muslim School!

We are delighted that you are considering BC Muslim School for your child.

To apply for admission of your child, please fill an application form and provide a copy of the following documents:

Application Package

- Application Form*
- Birth Certificate (if the child is born in Canada) or Immigration paper/Citizen Card/Study/Work Permit, Refugee Status (if the child is born outside Canada)*
- Copy of Legal Canadian Status of Parents*
- B.C. Care Card*
- Most Recent School Report Card*
- Vaccination Record (Immunization)*
- Proof of Address (Phone Bill, Drivers License...)*

Received by: _____

***Please note that we will only accept a complete application package.
Application deadline for September 2010 Admission and Zakat is March 19, 2010***

Assessment - All students will be required to attend an assessment session. This is necessary so that we can match the student's learning needs to the support services available at our school. There is a \$100 registration/assessment fee that is non-refundable, and to be received by the office on the day of the Assessment. This fee will be \$125.00 after the application deadline, March 19, 2010.

Our admissions personnel will contact the parents regarding the application outcome. If the student is accepted, parents will be directed to discuss transport and financial arrangements with the appropriate personnel on a "first come, first served" basis.

When arrangements for fee payment and bus transport are completed, parents should confirm date of starting school with the school administration.

Transportation - If you require bus transportation, fill in separate forms and attach these to your application form.

Uniform – Boys are required to wear navy blue pants, white shirt and navy blue cardigan. Girls should wear navy blue tunic, navy blue pants, white shirt, navy blue cardigan and white hijab.

Financial Assistance – Parents/Guardians who need financial assistance should complete the Zakat Form and submit it to the office with the necessary documentations. The outcome of your application depends on Zakat Funds being available and on your financial situation.



B.C. MUSLIM SCHOOL FEE SCHEDULE 2010-2011

RE-REGISTRATION (Not Refundable)

- ✚ Enrolment by February 26, 2010 No Cost
- ✚ Enrolment after Friday, February 26, 2010 \$ 50.00/student

NEW REGISTRATION (Not Refundable)

- ✚ Registration/Assessment Fee by March 19, 2010 \$ 100.00/student
- ✚ Registration/Assessment Fee after March 19, 2010 \$ 125.00/student

ZAKAT APPLICATION

- ✚ Form available at the office (deadline Friday, March 19, 2010 for new families)

BOOKS & SUPPLIES

- ✚ All Grades \$ 150.00/student

Not refundable after May 1, 2010

FACILITY IMPROVEMENT

\$ 250.00/family

Not refundable after September 1, 2010

TUITION FEES (KG – Grade 7)

- ✚ First & Second Child \$1325.00
- ✚ Third Child \$ 973.50
- ✚ Fourth Child \$ 737.50

PARENTAL CONTRIBUTION TO THE SCHOOL

\$ 150.00/family

(Amount to be credited with the completion of 15 volunteer hours)

Please note:

- ***Parents are encouraged to pay full tuition fees by September 1, 2010.***
- ***All postdated cheques must be handed in during re-registration/registration.***
- ***Please inform the office a week in advance to avoid any NSF cheques. (NSF fee \$25.00) BC Muslim School will enforce a strict policy on NSF cheques. Upon notification, only ten (10) working days will be allowed to replace NSF cheques. All unsettled accounts will be referred to a collection agency.***
- ***A tax-deductible receipt will be issued for the Capital Fund payment and 30% of tuition fees (only upon full payment of all fees).***

BUS FEES

Particulars	1 st Child	2 nd Child	3 rd Child	4 th Child or more
Richmond (Family Concession)	\$600.00	\$1,150.00	\$1,700.00	Free
Vancouver, Burnaby, New Westminster (Family Concession)	\$900.00	\$1,700.00	\$2,400.00	
Group – 5 students at 1 spot	\$600.00 / child			



SCHOOL FEES CALCULATION FORM 2010-2011

Parent's Name: _____ Address: _____ _____ Phone # _____	Child(ren) Name and Grade(s): 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
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BLOCK A Re-Registration Fee by February 26, 2010 Re-Registration Fee after February 26, 2010 Registration/Assessment Fee by March 19, 2010 Registration/Assessment Fee after March 19, 2010 <i>(Not Refundable)</i> Per Family <ul style="list-style-type: none"> • Facility Improvement Fee (per family) <i>(Not Refundable after September 1, 2010)</i> • Parental Contribution Text Books & Supplies (All grades) <i>(Not refundable after May 1, 2010)</i>	No Cost _____ x \$ 50.00 = \$ _____ _____ x \$100.00 = \$ _____ _____ x \$125.00 = \$ _____ 1 x \$250.00 = \$ 250.00 1 x \$150.00 = \$ 150.00 _____ x \$150.00 = \$ _____ <p style="text-align: right;">Total (Block A) : \$ _____</p>
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BLOCK B TUITION ALL GRADES First and Second Child Third Child Fourth Child	_____ x \$1325.00 = \$ _____ <input type="checkbox"/> \$ 973.00 <input type="checkbox"/> \$ 737.50 <p style="text-align: right;">Total (Block B) : \$ _____</p>
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TRANSPORT	1 st Child	2 nd Child	3 rd Child	4 th Child or More
Richmond (Family Concession)	\$600.00	\$1,150.00	\$1,700.00	Free
Vancouver, Burnaby, New Westminster (Family Concession)	\$900.00	\$1,700.00	\$2,400.00	
Group – 5 students at 1 spot	\$600.00 / Child			

Transport Total \$ _____

Office use only: Parent's signature: _____ <input type="checkbox"/> Post dated cheques Total Cheques: _____ <input type="checkbox"/> Cash Total: \$ _____ Received by: _____ Date: _____	Block A _____ Block B _____ Transport _____ <p style="text-align: right;">\$ _____</p>
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BC MUSLIM SCHOOL

APPLICATION FOR ADMISSION

(To be completed by Parents/Guardians of the Applicant)

Student's Name _____
Last First Middle
Date of Birth _____ Place of Birth _____
Year/Month/Day Province Country
Citizenship _____ Sex: M ___ F ___
First Language Spoken at Home: _____ Second: _____
My child lives with: ___ Both Parents ___ Mother ___ Father
Last School Attended: _____ Phone #: _____

Medical Information

B.C. Health Card Number _____ Allergies: _____ Medication: _____
Medical Information of the School should know about: _____
Family Doctor's Name & Phone #: _____

Emergency Contact (Someone other than parents)

Name: _____ Relationship: _____
Phone # _____ Work # _____ Cell # _____

Father or Legal Guardian

Name: _____
Home Address: _____
City: _____
Province: _____
Country: _____
Postal Code: _____
Home Phone #: _____
Work #: _____
Cell #: _____
Email: _____
Citizenship Status: _____

Mother or Legal Guardian

Name: _____
Home Address: _____
City: _____
Province: _____
Country: _____
Postal Code: _____
Home Phone #: _____
Work #: _____
Cell #: _____
Email: _____
Citizenship Status: _____

Family Information

Other Siblings attending the BC Muslim School

Name: _____ Grade: _____
Name: _____ Grade: _____
Name: _____ Grade: _____

Please check any that may apply and provide a Court Order if the student is not residing with both parent.

___ Parents are separated/divorced ___ Father has custody ___ Father is deceased
___ Parents have joint custody ___ Mother has custody ___ Mother is deceased

Parent's Signature: _____ Date: _____



LEGAL RESIDENCY OF PARENTS - FORM A *(If parents are deceased, use Form B)*

Name of Student: _____

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

I am (please check one):

- A Canadian citizen (if not born in Canada, please attach photocopy of citizenship paper/card)
- A landed immigrant (attach photocopy of landed immigrant status paper)
- Lawfully admitted to 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 year 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 counter foil in his/her passport)
 - Other - Document description: _____

_____ (Must be cleared with Immigration Canada)

2. I am a resident of British Columbia (please check one)

- Yes

Residency Address: _____

- No, I am not a resident of British Columbia

3. Parent's/Legal Guardian's Name: _____

Parent's/Legal Guardian's Signature: _____

Date: _____



LEGAL RESIDENCY OF PARENTS (DECEASED) - FORM B

Name of Student: _____

To be completed and signed by the student or a knowledgeable adult (one who knows the student's parent(s) and has knowledge of the facts respecting their decease and the matters set out in this document.

1. The student's deceased parent was at time of death:

- A Canadian citizen
- A landed immigrant

2. The student's deceased parent was at time of death a resident of British Columbia

- Yes

Residency Address: _____

- No, I was not a resident of British Columbia

Signed by:

Student: _____

Knowledgeable Adult's Name: _____

Knowledgeable Adult's Signature: _____

(Knowledgeable Adult is one who knows the student's parent(s) and has knowledge of the facts regarding their decease and the matters set out in this document).

Date: _____



EMERGENCY INFORMATION FORM

Student's name: _____ Grade: _____

Person authorized to pick up the child in the event of an Earthquake Emergency.

Name: _____ Relationship to child: _____

Tel.# (Hm) _____ Work: _____ Cell _____

Does the student have any Medical Problems, Health Concerns, and/or Diet Restrictions, and/or Allergies of which the teacher/School Nurse should be aware?

_____ YES _____ NO

ADDITIONAL MEDICAL INFORMATION - My child has the following Medical Conditions

- Diabetes
- Epilepsy
- Has your child had any seizures in the past year? _____ YES _____ NO
- Did your child have chicken pox disease after his/her first birthday? ___ Yes ___ No
- Allergy causing a life-threatening response which needs immediate emergency medical care such as adrenalin given by school staff. Allergic to: _____
PLEASE NOTE: Bee/Wasp stings only if emergency medical care is required.
- Respiratory conditions which may require emergency medical care at school (e.g. Asthma)
If YES, has your child needed emergency medical care in the past year?
___ YES _____ NO
- Does your child carry medication with him or her? If so, what? _____
- Does your child need to have medications given during school hours by school staff?
___ YES _____ NO _____
- Are there any restrictions that the school staff should be aware of? (E.g. foods, activities to be avoided)? _____
- Other medical conditions such as a serious heart condition, blood disorder, immune system disorder or any other serious chronic conditions which will need school staff attention: _____

The information supplied on this form will be strictly confidential and shall be made available only to appropriate person.

IN CASE OF EMERGENCY: I hereby give permission to qualified health personnel (the family physician, the school nurse, other outside emergency medical personnel or staff who possess a current first aid certificate) to provide treatment for my child. It is understood that teachers, the administration and the School Board personnel are not responsible for medical care costs.

PLEASE NOTE: The responsibility lies with the parent/legal guardian to advise the school of any changes in the medical or physical condition of the student.

Signature of Parent/Guardian

Date



BC MUSLIM SCHOOL

Parent Consent – Media Release/Data Collection

Information provided at the time your child was registered at school was collected under the authority of the Independent Schools Act. The information will be used for educational purposes and where required, may be provided to persons providing health, social or other support services. The information on student registration forms will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the use and disclosure of this information should be directed to the administrative office at BC Muslim School.

STUDENT'S NAME _____, _____
(Surname) (Usual first name)

In accordance with the Freedom of Information and Protection of Privacy Act, the BC Muslim School requires consent to use personal information for purposes unrelated to educational programs.

Release of Information to School Personnel and Parent Advisory Councils

1. There are occasions when your school would like to have contact with parents to consult them directly about school issues or meetings, or to plan school related activities (e.g. Parent Meeting discussions or Parent Advisory Council (PAC) events or feedback). To contact you for these purposes, consent is needed for the disclosure of your name, home address and phone number to school personnel, Parent Advisory Councils or others responsible for organizing these types of activities. Your personal information will not be disclosed to anyone for business or commercial purposes.

- YES** I give my consent for release of my home address and phone number for purposes consistent with the above.
- NO** I do not permit the release of my home address and phone number.

Images, Names and Media Coverage

2. It is tradition in our school to allow school staff and the media to use images of individual students and groups of students to commemorate events and to promote various educational, sports and cultural events taking place in the school. While images of students add to the community life of our school, they are not required for educational purposes. As such, consent for release of your child's name, image and comments is required. Students' names, images and comments may be published in the school yearbook or newsletter, and on occasion, in school material such as newsletters, brochures, annual reports or in news media such as local newspapers and on rare occasions, videos, DVDs, or television footage.

- YES** I give my consent for the use of my child's name, image and comments for school publication purposes.
- NO** I do not permit the use of my child's name, image and comments for school publication purposes
- YES** I give my consent for my child's name, image or comments to be used for media coverage purposes.
- NO** I do not permit the publication of my child's name, image or comments for media coverage purposes.

Signature or Parent/Guardian _____ Date _____

Please complete this form and return it to your child's school. This information will be kept as part of your child's student file as long as he/she attends our school. Please note that you are responsible for notifying the school should the status of your permission change.



BC MUSLIM SCHOOL School Bus Application Form

Date: _____



Bus Service is available to children living along our bus routes for the cost of:

TRANSPORT	1 st Child	2 nd Child	3 rd Child	4 th Child or More
Richmond (Family Concession)	\$600.00	\$1,150.00	\$1,700.00	Free
Vancouver, Burnaby, New Westminster (Family Concession)	\$900.00	\$1,700.00	\$2,400.00	
Group - 5 students at 1 spot	\$600.00 / Child			

The bus co-ordinator will be contacting you by August 29 to inform you about your child's pick up/drop off points and times.

Please fill in the request form below and return it to the office.

Group: _____

Home: _____

Name of Student: 1) _____ Grade: _____
2) _____ Grade: _____
3) _____ Grade: _____
4) _____ Grade: _____
5) _____ Grade: _____

Address: _____

Home Phone # _____ Cell # _____

Emergency #: _____