



**REGISTRATION FORM**

All fields are mandatory and must be filled properly.

<b>STUDENT INFORMATION</b>				<input type="checkbox"/> New Student <input type="checkbox"/> Current Student		Registered By: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	
First Name		Middle Name		Last Name			
Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (YYYY/MM/DD)		Age		
Address			Apt./Unit/Suite #		Buzzer #		
City			Province		Postal Code		
Home Tel.			Email Address				
Health Card No.			Expiry Date (YYYY/MM/DD)				
Country of Citizenship			Status in Canada				
Date Entered in Canada (Foreign Student) (YYYY/MM/DD)			Language(s) Spoken at Home				
<b>SCHOOL INFORMATION</b>							
Previous School Attended			Address				
City, Province			Postal Code		Telephone No.		
Reason for leaving:			Last Date Attended (YYYY/MM/DD)				
Has your child ever been enrolled or recommended for any special educational programs (e.g. Gifted, French Immersion, Special Education, ESL, IEP, ELD, etc.)? If yes, please state the program:							
<b>PARENT/GUARDIAN INFORMATION</b>		Child lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Father* <input type="checkbox"/> Mother* <input type="checkbox"/> Legal Guardian* *Provide a copy of custody documents.					
<b>FATHER/GUARDIAN INFORMATION</b>						<input type="checkbox"/> Check here if address is same as student's	
First Name		Last Name					
Address			Apt./Unit/Suite #		Buzzer #		
City		Province		Postal Code			
Cell No.		Work No.   Ext					
Occupation			Employer				
Email Address			Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
<b>MOTHER/GUARDIAN INFORMATION</b>						<input type="checkbox"/> Check here if address is same as student's	
First Name		Last Name					
Address			Apt./Unit/Suite #		Buzzer #		
City		Province		Postal Code			
Cell No.		Work No.   Ext					
Occupation			Employer				
Email Address			Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
<b>EMERGENCY CONTACT INFORMATION (other than parent/guardian)</b>				Provide 3 and list them in order of priority. Ensure they are aware of their nomination.			
1.	First Name		Last Name		Relationship to student		
	Home No.		Cell No.				
2.	First Name		Last Name		Relationship to student		
	Home No.		Cell No.				



FAMILY PHYSICIAN'S INFORMATION			
Physician's Name		Phone No.	
Address			Unit/Suite #
City	Province	Postal Code	
<b>MEDICAL INFORMATION</b>		Is the student currently on any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student required to take regular medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list the name(s) of any medication and frequency.			
<p><b>Note:</b> The school is not allowed to administer any medication to the students except for those who have been prescribed by a physician without which they would be unable to attend school. Exceptions include medications that would normally be provided at home by a family member, or medications that cannot be deferred until after school hours. All medications are administered by chaperones from the student's school. Please fill the <i>Health Support Service Request Form</i> and provide instructions (dose) for administration of medication.</p>			
Allergies (please check) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state which:		State the severity of the allergy(ies):	
What counter measures need to be taken if a reaction occurs?			
Has your child been prescribed an Epinephrine Auto-injector (EpiPen) for allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, EpiPen must accompany your child during school hours in order to participate in activities. Please fill the <i>Health Support Service Request Form</i> and provide instructions (dose) for administration of medication.			
Does your child require an inhaler(s) on a daily basis and/or for exercise-induced activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, one inhaler must be submitted to the school office and one must accompany your child at all times. Please fill the <i>Health Support Service Request Form</i> and provide instructions (dose) for administration of medication.			
Does the student need corrective lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the student wears glasses/contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child ever had any surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and why?		Does your child have any other medical conditions that we should be aware of?	
Provide details on any physical activity limitations:			
<b>IMMUNIZATION</b>		Please provide a copy of an updated Immunization Record. Students who do not have one or is not up-to-date may be suspended until current records are provided.	
<b>SPECIAL EDUCATION NEEDS</b>			
Does your child have trouble with speech? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the student currently or in the past require special education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please present relevant assessment documentation.	
TERMS AND CONDITIONS			
Any personal information collected on this form is under the Education Act R.S.O. 1980, c.129 and Health Card Numbers Control Act, 1991. The information collected will be used for processing student registration and withdrawal, producing student database, reporting requirements directed by the Ministry of Education, and disclosing health related information to a Medical Officer of Health.			
ADMITTANCE			
<p>I acknowledge and agree that regular class attendance is important for the child's progress and understand that it is the parent/guardian's responsibility to ensure that the child attends classes. The undersigned is obligated to make payments, in accordance with the <i>Financial Agreement</i>, whether or not the child attends classes and that failure to complete, attend, pass or fail the lessons is not a waiver of the obligation to pay tuition fees in full. The undersigned understands that tuition fees are not affected by lesson schedules, holidays and/or attendance. I acknowledge that ALIF Canada cannot provide continuous supervision of students during the use of the facilities or instructions. ALIF Canada reserves the right to refuse admittance to any student for any violation of the terms of this agreement, or for any reason deemed appropriate by the management. I also agree any dues that are in arrears need to be paid in full before the completion of the school year. I understand that failure of a student to participate in school activities or academics shall not relieve the parent/guardian from liability for any dues owing. The dues will continue automatically until all fees are paid in full. ALIF Canada has the right to open, merge and/or close classes based on the number of students registered.</p>			
<input type="checkbox"/> I acknowledge and understand the information mentioned above			<b>Parent/Guardian Initials:</b> <input type="text"/>
WALKING EXCURSION PERMISSION			
<p>Occasionally, with the approval of the Principal and supervision, students will engage in activities that occur off school property for example, walking to the library or parks.</p> <ul style="list-style-type: none"> <li>I give permission for my child to participate in activities that may occur off school property. I understand that these activities are within walking distance of the school. ALIF Canada will provide basic supervision and will take precautions to ensure the safety of students. I also understand that ALIF Canada will not be held liable in the event of any personal injury or accident caused to my child while he/she is at school any time on a school day or on an excursion.</li> </ul>			
<input type="checkbox"/> I acknowledge and understand the information mentioned above			<b>Parent/Guardian Initials:</b> <input type="text"/>



**VANDALISM, DAMAGE, AND LOSS OF PROPERTY**

ALIF Canada encourages preventative measures to avoid vandalism, but will also seek restitution in cases of damage or loss of property. Students who willfully or ignorantly destroy or damage school property will be held financially responsible for their actions. Procedures are as follows:

1. Students will be held responsible for their actions regarding destruction or damage to school property whether occurring through vandalism or lack of due care and attention.
2. The principal shall investigate all incidents of damage and loss of school property to determine where responsibility lies.
3. If a student is found responsible for damage or loss of school property, the cost of repairing or replacing the property will be charged to the student through his/her parents/guardians.
4. If more than one student is found responsible, the costs for repair or replacement shall be divided amongst the students.
5. Where a student is found responsible for damage to or theft of school property, the principal shall:
  - Immediately inform the parents/guardians of the student involved that the incident has occurred and that they will receive a claim for restitution when the costs of repair and/or replacement have been determined;
  - Request the head custodian to complete a Damage/Loss Report form and Work Order form for the necessary repair and replacement;
  - Provide Management with the details of the incident, including names and addresses of the student(s) involved and confirmation that parents have been informed;
  - Where the costs of repair and, or replacement have been determined, claim restitution from parents/guardians by letter and inform the Management; and
  - Notify the police if necessary.
6. In cases of minor misdemeanors, and when carelessness on the part of a student results in damage to, or destruction of property, Management shall assess a percentage of the costs of repair and/or replacement to be borne by the student.
7. In the event that the management is unable to determine who is to be held responsible for the damage, the management will instruct the appropriate personnel to assess the damage and the cost of repair shall be divided amongst the students.
8. If necessary, in order to obtain restitution, the Management may undertake legal proceedings.

Parent/Guardian Initials:

I acknowledge and understand the information mentioned above.

**MEDICAL EMERGENCIES**

If a student becomes ill while at school, parents/guardians must pick their child up or arrange for their transportation.

In the event there is an emergency involving my child, and the school is unable to contact me or the emergency contact persons whom I have advised you in writing, I hereby grant ALIF Canada or any member of its staff the permission to call another physician, call an ambulance or have the child taken to an emergency hospital in the care of a staff member/family member as you deem appropriate at the time. I understand and take responsibility for any and all expenses incurred under the above circumstances. Similarly, if ALIF Canada or any member of its staff deems that a situation is not considered a medical emergency or further medical attention is not required, I accept the decision deemed appropriate at that time.

- I hereby undertake to inform ALIF Canada of any changes of these details. In the event that there is an accident and either I, or my spouse, is not able to be contacted, my emergency contacts can be notified.
- I authorize ALIF Canada to initiate emergency medical procedures as it deems necessary in the best interest of my son/daughter or likewise refrain from further medical intervention or procedures if it deems unnecessary, unless otherwise explicitly informed to do so in writing by myself or another parent/guardian.
- I release ALIF Canada and associated individuals from liability in case of accident during activities related to ALIF Canada as long as safety procedures are taken.
- I hereby understand that any changes of address, personal information and/or emergency information will be given to the school immediately and is my responsibility.

Parent/Guardian Initials:

I acknowledge and understand the information mentioned above

**MEDIA RELEASE**

ALIF Canada is constantly upgrading the school website and flyers. We would be honoured to have your child interviewed, photographed and/or otherwise digitally recorded as a student at the school.

- I understand that these materials may be used to promote ALIF Canada's programs, services, events, or the school in general, in perpetuity. I understand that these media items may appear in electronic form on the internet, or in other publications outside of ALIF Canada's control.
- I agree that I will not hold ALIF Canada responsible for any harm that may arise from such unauthorized reproduction.
- I also understand that the choice, of which reproduction is to be used, if any, is at the discretion of ALIF Canada. I also understand that I do not have any copyrights to any photographs, videos, or electronic reproductions made by ALIF Canada.
- I accept that my child's testimonial and physical likeness in photographic, video or digital or electronic reproduction may be used by ALIF Canada. I absolve ALIF Canada, its agents, staff and the photographer from liability of any violation of any personal or proprietary rights in connection with such use. I waive all rights to royalties or other compensation arising from their use.

Parent/Guardian Initials:

I acknowledge and understand the information mentioned above.

**INTERNET USAGE**

ALIF Canada grants access to the internet in the computer lab under the strict supervision of teachers for academic purposes. However, families must be aware that some websites contain extraneous content which can be illegal, defamatory, and/or offensive. Students are required to conduct themselves responsibly and follow the directions given by the teacher. As an educational institution, our intention is to provide students with wholesome resources and facilities that allow them to broaden their knowledge and expand their thinking. Regardless of this stated policy, the right to decide whether or not to grant permission of internet access at school facility will be at the sole discretion of ALIF Canada. Please note, access to the internet may be waived or taken away depending on the student's behaviour in the computer lab.

I grant permission for my child to access ALIF Canada's computer resources (Internet). I understand that some materials may be objectionable, but I accept the responsibility for guiding my child's Internet usage, setting and conveying standards for my son/daughter to follow when selecting, sharing or exploring information and media.

Parent/Guardian Initials:



**ELECTRONIC DEVICES**

ALIF Canada has established a cell-phone and electronic device policy to ensure a productive and healthy learning environment. Cell phones and electronic devices are a cause of distraction when they are used during school hours. Thus, to avoid adverse effects on your child's education and learning potential, students in Kindergarten to Grade 5 are not allowed to carry cell-phones. For students in Grade 6-12, ALIF Canada has set the following guidelines around cell-phones:

1. If your child is in Grades 6-12 and you (parent/guardian) would like them to carry a cell-phone or any other electronic device to school, you must complete the acknowledgement below. This is to ensure that you are aware of your child's possession of a cell-phone or any other electronic device.
2. You (parent/guardian) **must** ensure that your child switches off their cell-phone when they arrive in school and keeps it in their assigned locker and collects it at dismissal **every day**.

We believe that the above policy is in the best interest of your child and the school environment. It is an effort to maintain the academic standards set by the school along with providing an environment where students can thrive and reach their potential. ALIF Canada assumes no responsibility of any theft or damage to the cell-phone or electronic device. Students must carry valuables at their own risk. *Please see the Electronic Device Policy for more details.*

- My child will **not** carry any electronic devices, including cell-phones, to the school. If discovered, I understand that all confiscated devices will be returned at the end of the school year.
- I would like my child to carry a cell-phone and/or an electronic device to the school. He/she will switch off their cell-phone when they arrive in school and keep it in the assigned place and collect it at dismissal every day.

Parent/Guardian Initials:

**PHYSICAL ACTIVITIES PERMISSION (INTRAMURAL, EXTRA AND CO-CURRICULAR ACTIVITIES, AND PHYSICAL EDUCATION)**

At ALIF Canada, physical activity in youth is essential for growth and development. Active participation in games, fitness routines and outdoor activities provide opportunities for students to gain the confidence necessary to work cooperatively and competitively with their peers. Our programs provide opportunities for students to make informative decisions regarding personal health and fitness. During physical activities, students are expected to participate in a variety of activities, except for medical reasons or teacher's discretion. Students will also have the opportunity to choose intramural activities.

Risk of injury exists in any physical activity. The safety and well-being of our students is always our primary concern and attempts will be made to manage foreseeable risks inherent in physical activity as effectively as possible. However, ALIF Canada expects each child to adhere to school regulations, safety protocols and teacher's instructions and is not responsible for any injuries sustained during school activities. In your child's best interests, we recommend the following:

- a) Students should have an annual medical examination.
- b) Students are expected to wear indoor shoes during school hours.
- c) Students should bring emergency medications (e.g. asthma inhalers) to Physical Education class and intramural activities.
- d) Appropriate clothing must be worn for safe participation (e.g. cotton shirts, track pants, and athletic shoes appropriate for the environmental condition). Jewelry must be removed, if possible. Jewelry that cannot be removed which presents a safety concern (e.g. medical alert identification or religious requirement) must be taped or the activity must be modified.
- e) An eyeglass band and shatter-resistant/shatterproof lens should be worn if your child wears glasses that cannot be removed during any activities.
- f) Attention should be paid towards protection from environmental concerns (e.g. sun, hypothermia, dehydration, frostbite, insect bites and stings).
- g) Safety inspection should be done at home of any equipment brought to school for personal use in class and intramural activities (e.g. skates and helmets).
- h) Students should use a personal water bottle that is not shared.

Parent/Guardian Initials:

- I acknowledge and understand the information mentioned above.

By signing below, I have read and agree to all of the terms and conditions stated in this Registration Form. I agree that I have filled this form to the best of my ability and that the information I have provided is accurate.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (YYYY/MM/DD)

**OFFICE USE ONLY**

Student FID No.	Parent/Guardian FID No.	Entry Grade Level
<input type="checkbox"/> Level of performance in Entrance Assessment (if applicable)	<input type="checkbox"/> Subscribed to IRM : <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Fees Entered	<input type="checkbox"/> Checked and Confirmed	<input type="checkbox"/> VOID Cheque/PAD Received
<input type="checkbox"/> VOID Cheque/PAD Received	Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No	Admission Date (YYYY/MM/DD)
Referral By:		

\_\_\_\_\_  
Name of Designate

\_\_\_\_\_  
Designate Signature

\_\_\_\_\_  
Date (YYYY/MM/DD)