

APPLICATION FORM CHECKLIST

APPLICATION IS ONLY ACCEPTED WITH THE FOLLOWING FORMS AND PAYMENTS

OFFICE	Returning & New Students One Per Student	OFFICE	New Student Only Copy of
<input type="checkbox"/>	<input type="checkbox"/> Application Form	<input type="checkbox"/>	<input type="checkbox"/> Report Card
<input type="checkbox"/>	<input type="checkbox"/> Signed Payment Terms and Information Agreement	<input type="checkbox"/>	<input type="checkbox"/> Alberta Health Card
<input type="checkbox"/>	<input type="checkbox"/> Signed Medical Form	<input type="checkbox"/>	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/>	<input type="checkbox"/> Signed PUF Consent Form (KG ONLY)	<input type="checkbox"/>	<input type="checkbox"/> Passport Sized Photo of Student
<input type="checkbox"/>	<input type="checkbox"/> Signed ELL Form	<input type="checkbox"/>	<input type="checkbox"/> Immunization Record (If applicable)
<input type="checkbox"/>	<input type="checkbox"/> Signed Technology Agreement	<input type="checkbox"/>	<input type="checkbox"/> Permanent Resident Card (if applicable)
<input type="checkbox"/>	<input type="checkbox"/> Signed FOIP Form	<input type="checkbox"/>	<input type="checkbox"/> Canadian Citizen born outside of Canada: A copy of the student's birth certificate
	One Per Family	<input type="checkbox"/>	<input type="checkbox"/> International students: A copy of the students passport showing a valid visa, and any other necessary documents (may differ for each case)
<input type="checkbox"/>	<input type="checkbox"/> Signed Parental Agreement. (One per family)		
<input type="checkbox"/>	<input type="checkbox"/> Signed MIS Financial Contract. (One per family)		
<input type="checkbox"/>	<input type="checkbox"/> Cheque(s), VOID cheque or Direct Deposit Form as chosen from the Payment Options for all Tuition and Fees .		

TUITION AND FEES

Tuition & Fees <i>(All Amounts Shown are Per Year, Per Child)</i>	1st Child	2nd Child	Each Additional Child
+ Annual/Monthly Tuition	\$3000 \$300 Monthly	\$2800 \$280 Monthly	\$2600 \$260 Monthly
+ Resource & Technology Fee (non-refundable)	\$200	\$200	\$200
Returning Student First Month Tuition (non-refundable)	\$500	\$480	\$460
Returning Student Monthly Tuition	\$300	\$280	\$260
Returning Student Total Amount	\$3200	\$3000	\$2800
+ New Student Application Fee (non refundable)	\$100	\$100	\$100
New Student First Month Tuition (non-refundable)	\$600	\$580	\$560
New Student Monthly Tuition	\$300	\$280	\$260
New Student Total Amount	\$3300	\$3100	\$2900

PAYMENT OPTIONS & TERMS

You will be able to choose from one of the five available payment options listed on the right, as your payment method. Please Include all cheques or a void cheque/direct deposit form with this application.

Forms Missing Payment will not be accepted.

If you have chosen to pay via cheque, it must be post dated and submitted with this form. On the cheque please write the name of the student(s) in the memo line and payment description (Tuition Fee/Resource Fee & Technology Fee). Families with multiple students are requested to submit their fees in one payment. All cheques should be made payable to MAC Islamic School. There is a **\$25** administrative charge for every returned cheque or (NSF).

If you have chosen to pay via EFT, a Direct Deposit/Void Cheque must be included with this form. There is an administrative charge for every returned payment.

If you have chosen a custom payment plan, please email Admin@MacIslamicSchool.com to book an appointment, and bring the application form with you.

Please note the First Month (August) Fees will be applied for the month of June.

This authorization may be canceled at any time upon one month's written notice (from the first of the month ONLY) to **Admin@MacIslamicSchool.com**.

Option 1

EFT payments taken out of your bank account monthly for **10** months. First payment is August 1st, last payment is May 1st.

**Include Direct Deposit Form or Void Cheque with this Form*

Option 2

EFT payment taken out of your bank account for the Full Amount on August 1st.

**Include Direct Deposit Form or Void Cheque with this Form*

Option 3

10 Monthly Tuition Cheques and an 1 additional cheque for the Resource & Technology Fees and the New Student Application Fee (If Applicable) Post Dated for the following dates:

- August 1st - Additional Cheque and Monthly Tuition Cheque
- September 1st
- October 1st
- November 1st
- December 1st
- January 1st
- February 1st
- March 1st
- April 1st
- May 1st

** Include all 11 post dated cheques using the format listed on the left*

Option 4

Cheque for Full Amount, Post Dated for August 1st.

** Include post dated cheque using the format listed on the left*

Option 5

Book an appointment with the MAC Islamic School Administrator to create a custom payment plan.

PAYMENT TERMS

Tuition fees can be paid by **One Full Payment** by pre-authorized payments or via cheque post-dated for August 1st, made payable to MAC Islamic School, or in **10 Monthly Installments** by pre-authorized payments or via cheque post-dated from August 1st until May 1st. Any other payment arrangement has to be authorized by MIS administration. Please note the First Month (August) Fees will be applied for the month of June.

This authorization may be canceled at any time upon one month's written notice (from the first of the month ONLY) to **Admin@MacIslamicSchool.com**.

NON-REFUNDABLE FEES POLICY

The First Months (August) Fees are Non Refundable. This Fee includes the Resource and Technology Fee, One Months Tuition, and the New Student Application Fee (If Applicable).

LATE ADMISSIONS POLICY

If for any reason, your child begins attending school after September **30**, families will be required to pay the outstanding Government grant in addition to the regular tuition fees **KG \$3,339.9 / Grade 1 to 9 = \$4,675.86**

VACATION, REFUND, AND WITHDRAWAL POLICY

Student fees must be paid in FULL regardless of the student's travel / Vacation arrangements or absence.

In the case of withdrawal, a written notification must be emailed to Office@MacIslamicSchool.com with one month's notice. If you notify the school the first of the month then you will not be charged for the next month. Current month fees still apply. However, a late notification will result in full tuition payment of the following month.

Example: If you notify the school by November 1st then you only pay for November tuition. However, if you notify the school on November 2nd then you pay the tuition for November AND December.

TEXTBOOK REPLACEMENT POLICY

Textbooks must be returned in good condition. Otherwise, there will be a **\$100 replacement fee per item**.



APPLICATION FORM

Please Print Clearly

KG children need to be 5 years old on or before Dec. 31

☐ New student at MAC Islamic School ☐ Returning student at MAC Islamic School ☐ Student attended Creative Minds Pre-School

Grade in September: ☐ KG ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 Year:

STUDENT INFORMATION

First Name: Last Name:
Date of Birth: Age: Gender: ☐ Male ☐ Female
Health Card: Languages spoken at home:
Child lives with: ☐ Both parents ☐ Mother ☐ Father ☐ Guardian
Child is a: ☐ Canadian Citizen ☐ Permanent Resident ☐ Visitor ASN #

MOTHER INFORMATION

First Name: Last Name:
Cell Phone: Home Phone:
Address: Unit#: City:
Province: Postal Code: Email Address:

FATHER INFORMATION

First Name: Last Name:
Cell Phone: Home Phone:
Address: Unit#: City:
Province: Postal Code: Email Address:

GUARDIAN INFORMATION (If other than parents)

First Name: Last Name:
Cell Phone: Home Phone:
Address: Unit#: City:
Province: Postal Code: Email Address:

Please provide the office with any relevant custody papers

SIBLINGS WHO WILL ATTEND MIS IN SEPTEMBER

	Siblings Name	Grade
1		
2		
3		
4		

EMERGENCY CONTACT INFORMATION

First Name: <input style="width: 90%;" type="text"/>	Last Name: <input style="width: 90%;" type="text"/>
Cell Phone: <input style="width: 90%;" type="text"/>	Home Phone: <input style="width: 90%;" type="text"/>
Can this person pick up your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship: <input style="width: 90%;" type="text"/>
First Name: <input style="width: 90%;" type="text"/>	Last Name: <input style="width: 90%;" type="text"/>
Cell Phone: <input style="width: 90%;" type="text"/>	Home Phone: <input style="width: 90%;" type="text"/>
Can this person pick up your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship: <input style="width: 90%;" type="text"/>

PERSONS WHO HAVE PERMISSION TO PICKUP MY CHILD

First Name: <input style="width: 90%;" type="text"/>	Last Name: <input style="width: 90%;" type="text"/>
Cell Phone: <input style="width: 90%;" type="text"/>	Relationship: <input style="width: 90%;" type="text"/>
First Name: <input style="width: 90%;" type="text"/>	Last Name: <input style="width: 90%;" type="text"/>
Cell Phone: <input style="width: 90%;" type="text"/>	Relationship: <input style="width: 90%;" type="text"/>

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Personal information in this form is collected under the legal authority of the Education Act, R.S.O. 1980, c.129 and Health Card Numbers Holder 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, contacting 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.

Parent/Guardian Signature _____ Date: MM / DD / YYYY

MIS ADMISSION POLICY

Please note that only **fully completed Application Form with required documentation will be** accepted for submission. Application may be subject to review based on student's academic and behavioral report. Notice of non-acceptance will be sent by email.

Application will not be considered until full fees are paid, all forms are filled and signed, and all necessary documents are submitted.
First months tuition and fees payment will be withdrawn in the first week of August.

I confirm that I have read the above statement. I confirm that all of the information provided in this agreement is accurate and complete

Parent/Guardian Signature _____ Date: MM / DD / YYYY



FINANCIAL CONTRACT

One per Family

TUITION AND FEES

Tuition & Fees <i>(All Amounts Shown are Per Year, Per Child)</i>	1st Child	2nd Child	Each Additional Child
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New Student Monthly Tuition	\$300	\$280	\$260
New Student Total Amount	\$3300	\$3100	\$2900

- Eligible low-income families may apply for "Zakat Compassionate Fund". Please ask the office for deadline dates, application forms and eligibility criteria. Please understand that the money in the "Zakat Compassionate Fund" is for families who are Zakat eligible.
- A portion of the tuition fee will be eligible for a tax receipt. Calculations of the exact amount will vary from year to year as per CRA regulations.
- **Included in the Resource & Technology Fee are:** Rental of textbooks and purchase of workbooks and ongoing integration and updating of technology throughout the school.
- **Not included in the Resource & Technology Fee are:** School Trips, Graduations (KG-6-9), Graduation Cap, Quran Competition Fees.

FEE BREAKDOWN

All Students Attending MIS in September		Grade	Annual Tuition <i>See Above Table</i>	Monthly Tuition <i>See Above Table</i>
1			<input type="checkbox"/> \$3000	\$300
2			<input type="checkbox"/> \$2800	\$280
3			<input type="checkbox"/> \$2600	\$260
4			<input type="checkbox"/> \$2600	\$260
Total Annual Tuition Total Monthly Tuition =				
+ Resource & Technology Fee (per child)		\$200 x	=	
+ New Student Application Fee (per child, If Applicable)		\$100 x	=	
Full Amount First Month (August) Fees =				

PAYMENT OPTIONS

Full Amount _____

Monthly Tuition Fees _____

First Month (August) Fees _____

If you have chosen to pay via cheque, it must be post dated and submitted with this form. On the cheque please write the name of the student(s) in the memo line and payment description (Tuition Fee/Resource Fee & Technology Fee). Families with multiple students are requested to submit their fees in one payment. All cheques should be made payable to MAC Islamic School. There is a \$25 administrative charge for every returned cheque or (NSF).

If you have chosen to pay via EFT, a Direct Deposit/Void Cheque must be included with this form. There is an administrative charge for every returned payment.

If you have chosen a custom payment plan, please email Admin@MacIslamicSchool.com to book an appointment, and bring this form with you.

Please note the First Month (August) Fees will be applied for the month of June.

This authorization may be canceled at any time upon one month's written notice (from the first of the month ONLY) to **Admin@MacIslamicSchool.com**.

Please select a payment option:

☐

Option 1

EFT payments taken out of your bank account monthly for 10 months. First payment is August 1st, last payment is May 1st.

**Include Direct Deposit Form or Void Cheque with this Form*

☐

Option 2

EFT payment taken out of your bank account for the Full Amount on August 1st.

**Include Direct Deposit Form or Void Cheque with this Form*

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Option 3

10 Monthly Tuition Cheques and an 1 additional cheque for the Resource & Technology Fees and the New Student Application Fee (If Applicable) Post Dated for the following dates:

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- October 1st
- November 1st
- December 1st
- January 1st
- February 1st
- March 1st
- April 1st
- May 1st

** Include all 11 post dated cheques using the format listed on the left*

☐

Option 4

Cheque for Full Amount, Post Dated for August 1st.

** Include post dated cheque using the format listed on the left*

☐

Option 5

I would like to book an appointment with the MAC Islamic School Administrator to create a custom payment plan.

I/We hereby authorize: the Muslim Association of Canada to debit my/our account indicated for all tuition and fees payable to "MAC ISLAMIC SCHOOL", as per the payment option selected

First Name:

Last Name:

Preferred Name on Receipt:

Cell Phone:

Home Phone:

Address:

City:

Province:

Postal Code:

Email Address:

Financial Institution Name

Branch (Transit) Number

Institution Number

Account Number:

Parent/Guardian Signature_____

Date: MM / DD / YYYY

PLEASE ATTACH PAYMENT METHOD TO FORM

Attach Cheque, Void Cheque / Direct Deposit Form

All New and Returning students must submit their cheque, void cheque or direct deposit form in order to be charged. Applications without payment will not be accepted.



PAYMENT TERMS AND INFORMATION AGREEMENT

Please Read Carefully

PAYMENT TERMS

Tuition fees can be paid by **One Full Payment** by pre-authorized payments or via cheque post-dated for August 1st, made payable to MAC Islamic School, or in **10 Monthly Installments** by pre-authorized payments or via cheque post-dated from August 1st until May 1st. Any other payment arrangement has to be authorized by MIS administration. Please note the First Month (August) Fees will be applied for the month of June.

This authorization may be canceled at any time upon one month's written notice (from the first of the month ONLY) to

Admin@MacIslamicSchool.com.

Parent/Guardian Signature _____ Date: MM / DD / YYYY

NON-REFUNDABLE FEES POLICY

The First Months (August) Fees are Non Refundable. This Fee includes the Resource and Technology Fee, One Months Tuition, and the New Student Application Fee (If Applicable).

Parent/Guardian Signature _____ Date: MM / DD / YYYY

LATE ADMISSIONS TUITION

If for any reason, your child begins attending school after September 30, families will be required to pay the outstanding Government grant in addition to the regular tuition fees KG \$3,339.9 / Grade 1 to 9 = \$4,675.86.

Parent/Guardian Signature _____ Date: MM / DD / YYYY

VACATION, REFUND & WITHDRAWAL POLICY

Student fees must be paid in FULL regardless of the student's travel / Vacation arrangements or absence.

In the case of withdrawal, a **written notification must be emailed to Office@MacIslamicSchool.com with one month's notice**. If you notify the school the first of the month then you will not be charged for the next month. Current month fees still apply. However, a late notification will **result in full tuition payment** of the following month.

Example: If you notify the school by November 1st then you only pay for November tuition. However, if you notify the school on November 2nd then you pay the tuition for November AND December.

Parent/Guardian Signature _____ Date: MM / DD / YYYY

TEXTBOOK REPLACEMENT

Textbooks must be returned in good condition. Otherwise, there will be a \$100 replacement fee arrangements per item

Parent/Guardian Signature _____ Date: MM / DD / YYYY



MEDICAL FORM

STUDENT MEDICAL INFORMATION

First Name:

Last Name:

Date of Birth:

MM/DD/YYYY

Gender:

☐

Male

☐

Female

Alberta Healthcard Number

Student's Physician:

Physicians Phone #:

MEDICAL HISTORY

Does your child have any **physical conditions** that we should be made aware of?

☐

YES

☐

NO

Does your child has any **allergies** to insect bites, medication, food, animals, plants, dust, etc

☐

YES

☐

NO

If yes, briefly explain your child's reaction to any allergies. What counter-measures need to be taken if a reaction occurs?.

Is your child on a **restricted diet**? If so Please explain.

☐

YES

☐

NO

Does your child have any **medical conditions**? (Asthma, diabetes, etc...) ☐ YES ☐ NO

If so Please explain.

Does your child use any **medical devices**? ☐ YES ☐ NO

(Inhalers, EpiPens, Etc...) If so, please provide one for the school

Does your child receive **medication** on a continuous basis? ☐ YES ☐ NO

If so, please list names and reasons for medication.

Has your child been diagnosed for any **behavioral, cognitive, or other disorder** affecting his/her ability to learn? ☐ YES ☐ NO

(e.g. Attention Deficit Disorder (ADD), Asperger Syndrome, Dyslexia, Autism, etc.)?

Please provide all relevant documents supporting your child(s) medical history.

MEDICAL EMERGENCIES

- If a student becomes ill while at school, parents must pick the child up or arrange for transportation.
- I hereby grant MAC Islamic School or any member of its staff permission to take all necessary measures to address any emergency situation affecting my child. I understand and agree that any expenses incurred as a result of this action will be my responsibility. Parents will be notified at the earliest opportunity.
- If your child must take prescription medicine at school, we require you to fill out the Medication Dispensing Form. Staff can only administer routine prescribed medication when permission is submitted to the school by the parent.
- Please note that if a student is too ill to go outside for activities , they are too ill to come to school.
- Please refer to the Parent Student Policy Handbook (section: Period of Exclusion) handbook page for more detailed information regarding medical conditions.
- Although the school will call the parents when a student is absent, it is first and foremost the parent's responsibility to inform the school of their child's absence. Please call the school or email the office (office@macislamic.school.com).

I confirm that all of the information provided in this agreement is accurate and complete.

Parent/Guardian Signature_____ **Date:** MM / DD / YYYY



MAC Islamic School
Edmonton

PARENTAL AGREEMENT

One per Family

IN CONSIDERATION FOR THE ENROLLMENT OF MY CHILD(REN) AT MIS

No.	Student Names
1	
2	
3	
4	
5	

PARENTAL AGREEMENT

1. I understand that the registration of my child (ren) is considered incomplete until ALL required forms and documents are completely filled out and submitted. Otherwise a spot at MIS will not be guaranteed for my child (ren) even if I have paid the registration fee.
2. I understand that registration will not be considered final until full fees are paid (via void cheque/direct deposit form, or one immediate, complete payment).
3. New students may be required to write an entrance exam and **they may be refused admission based on test results.**
4. I understand that MIS reserves the right to NOT accept any child based on academic and/or behavioural standards.
5. I understand that students are placed in grades according to their age (**Your KG child needs to be 5 years old on or before Dec. 31.**).
6. I understand all new students will be automatically put on a **3 week probation period** starting from the first day of school.
7. I Accept that it is my responsibility to drop off and pick up my child in a timely fashion.
8. I understand that the August tuition fee pays for June.
9. I understand it is my responsibility to inform the school if my child will be absent.
10. I understand that in the case of absence (due to illness or travel) or removal from the school or any of its services, I am still obliged to pay all applicable fees as explained in the financial contract.
11. In the case of withdrawal, I agree to email notification to admin@macislamicsschool.com with one months' notice on the 1st of the month. I understand that if I notify the school on the 1st of the month then I will not be charged for the following month. However, I agree that if I postpone the withdrawal notice to after the 1st of the month, then I will pay the current as well as the following month's tuition. I understand it is my responsibility to inform the school if my child will be absent.
12. I understand that report cards will not be issued until outstanding amounts have been paid.
13. I understand that all library books and text books are the property of the school and have to be returned at the end of the academic year in good condition (as determined by the school). Otherwise, a fine will be applied per item.

1. I understand that each homeroom teacher will be providing a supply list to their students. I agree that it is my responsibility to purchase these school supplies for my children.
2. I understand that if my child is not well enough to engage in school activities then my child must be kept home.
3. I grant permission for my child to use all of the play equipment and participate in school activities. I will provide a written note if I object to this requirement.
4. I grant permission for my child to leave school premises under the supervision of staff for neighborhood walks or visiting nearby parks.
5. I grant permission for my child to ride a school bus and leave school premises under the supervision of staff to participate in school trips.
6. I grant permission for my child to be included in academic assessments and competitions that the school chooses to participate in.
7. I grant permission for my child to use the Internet for academic purposes.
8. I accept that MIS does not have the resources or facilities to accommodate gifted, special needs students as well as students with learning and physical disabilities. Enrollment will be considered on a case by case basis.
9. I have read and understood the mission of MAC Islamic School and have had all my questions answered to my satisfaction. I am aware of the programs which my child is participating in as a student of MIS.
10. I have read, understood, and agree to comply and follow the policies and procedures of MAC Islamic School.
11. I agree to assume all costs, responsibilities, liabilities and risks in connection with my child's enrollment as a student of MAC Islamic School including, without limitation, my child's use of play equipment and participation in school activities.
12. I further release, remiss and discharge the Muslim Association of Canada and MAC Islamic School, its administrators, directors, officers and teachers and their respective heir, executors, successors and assigns, of and from all claims, demands, damages, actions or causes of action arising or to arise by reason of the child's participation in the activities and programs of MAC Islamic School as aforesaid, and from all claims and demands whatsoever in law or in equity which I, my heirs, executors, administrators, successors or assigns can or shall or may have for or by any reason of the child's participation in the activities and programs of MAC Islamic School.

I confirm that I have read and understood the MAC Islamic School Parental Agreement

Parent/Guardian Signature_____ **Date:** MM / DD / YYYY



MAC Islamic School
Edmonton

PARENT CONSENT FOR SPEECH, LANGUAGE, OCCUPATIONAL AND PHYSICAL THERAPY SERVICES (PUF)

KINDERGARTEN ONLY

As part of the services offered by your child's school, all children's speech and language skills will be screened.
The occupational therapist and when necessary, the physical therapist may also screen the students.

Student's First Name:	<input type="text"/>	Student's Last Name:	<input type="text"/>
Date of Birth:	<input type="text" value="DD/MM/YYYY"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone Number:	<input type="text"/>	Preferred Email Address:	<input type="text"/>
Mother Name:	<input type="text"/>	Cell Phone:	<input type="text"/>
Father Name:	<input type="text"/>	Cell Phone:	<input type="text"/>

PLEASE ANSWER THE FOLLOWING QUESTIONS

- 1) Was your child born in Canada? ☐ Yes ☐ No in _____
- 1(What language is spoken at home? _____
- 2(What language does your child speak primarily? _____
- 4) What language does your child understand best? ☐ English ☐ Other _____ Please specify _____
- 5) When you speak to your child in another language, do they reply in English? ☐ Yes ☐ No
- 6) Has your child participated in any community activities like swimming or soccer? ☐ Yes ☐ No
- 7) Does your child have older brothers and sisters? ☐ Yes ☐ No
- 8) Do brothers and sisters speak to him/her in ☐ English ☐ Other Language ☐ Both
- 9) When playing with friends/family, what language is your child speaking? ☐ English ☐ Both ☐ Other-Please specify: _____
- 10) Does your child watch TV in ☐ English ☐ Other Language ☐ Both
- 11) Do you read to your child in ☐ English ☐ Other Language ☐ Both
- 12) Did your child attend preschool? ☐ Yes ☐ No How many years? _____ Where? _____
- 13) Did your child attend day care? ☐ Yes ☐ No How many years? _____ Where? _____
- 14) Has your child been assessed by any specialist such as a speech language pathologist or occupational therapist? Who did they see? ☐ Yes ☐ No _____
- 15) At what age did your child say their first words? _____ In what language? ☐ English ☐ Other _____ (Specify).

I give permission for my child to receive services from the speech language pathologist, occupational therapist and/or physical therapist contracted by the school. This will include being screened by the speech language pathologist, occupational therapist and/or physical therapist and receiving follow up assessments and treatment, if necessary. I give my permission for the speech language pathologist, occupational therapist and/or physical therapist to request reports and information from my child's previous school, if needed. In addition, the speech language pathologist, occupational therapist and/or physical therapist may access information from my child's current school records and obtain information from other professional agencies, when required.

I confirm that all of the information provided in this agreement is accurate and complete.

Parent/Guardian Signature _____ Date: MM / DD / YYYY



MAC Islamic School
Edmonton

PARENT CONSENT FOR ENGLISH LANGUAGE LEARNER (ELL) SERVICES

Student Name:

Grade:

I give permission to MAC Islamic School for my child to be tested and to receive services from the ELA teacher and an ELL Educational Assistant. This will include being assessed regularly by the ELA teacher and receiving follow up support. I give my permission for the ELA teacher to request reports and information from my child's previous school, if needed/applicable.

I confirm that all of the information provided in this agreement is accurate and complete.

Parent/Guardian Signature _____ Date: MM / DD / YYYY



RESPONSIBLE USE OF TECHNOLOGY AGREEMENT

At MAC Islamic School(MIS), we believe that technology can be a powerful to enhance learning, enabling students to access information and collaborate with the school, community, and the Internet. We believe that all student must be good digital citizens by following standards of acceptable use when using MIS-owned technology (software, hardware, and Internet) for MIS purposes while enrolled at the MAC Islamic School.

The declaration below outlines the standards of acceptable use. Once signed, it will act as an agreement between MAC Islamic School and sgd rstcdm This declaration must be reviewed and signed by the student and his/her parents/guardians in order to use MIS's technology

STUDENT DECLARATION

AS a student at MAC Islamic School, I value having access to technology to support my learning. I know that along with this required, I have initialed each of the expectations listed below. **NOTE:** Each item must be initialed by the student and his/her parent to show that together they have reviewed each item and that the student will abide by the rules and expectations laid out for technology use.

Please Initial Below

☐

I understand that having access to technology in the MIS is privilege. I understand that this privilege may be revoked if I fail in my responsibilities as a user of this technology and that many, but not all, of these responsibilities are outlined below.

☐

I will only use technology for educational purpose while in the MIS. The exception is when I have been granted permission by a teacher in which case I will only use the technology within parameters or guidelines established by the teacher. When connected to the Internet, I will not reveal personal information such as my age, address, or phone number, as well as those of other students or staff.

☐

I understand that personnel from the MIS have access to information about every web page I visit as well as any file I create on the MIS computers. I am aware that this information may be monitored and viewed by my teachers or other authorized personnel. I understand that this limits privacy as it pertains to the use of the technology that is assigned to me as well as the information that is stored on MIS-provided (local and web based) fil storage spaces.

- ☐ I know that information located on the Internet may be inaccurate or incomplete. When accessing online resources I will try to evaluate the validity of materials I access. I will respect copyright laws and will cite resources that I use.
- ☐ I understand that my action when using the computer and accessing the Internet reflect on me, my class and MIS. I will conduct myself accordingly and exercise good judgment. I will also comply with all the policies and rules pertaining to use of technology which MIS has established or may establish in the future.
- ☐ I will not download or install any software, music, movies, or file of any kind unless I have been granted specific permission to do so by my teacher/staff as the copyright holder.
- ☐ I will not share my Student Login ID and password with anyone. If I happen to forget it, I will notify my homeroom teacher.
- ☐ I will always log out the computer when I am finished using it, or when I move away from it. I understand that any actions done on a computer when I am logged in are traceable to me.
- ☐ I will not create, use, display, or store any offensive, obscene, inflammatory or defamatory language or images. I will not use the technology in any other way that negatively affects other students or people.
- ☐ I will respect all rules outlined in this agreement as well as those that may come into effect in the future regarding the use of technology at MIS.

MAC ISLAMIC SCHOOL

This is to certify that I (PARENT/GUARDIAN NAME)_____

I have reviewed this document thoroughly with my child and discussed its importance. My child understands the expectations and responsibilities associated with the proper care and handling of MIS technology as well as the appropriate and ethical use of technology at the MAC Islamic School. My child understands that the consequences of not upholding their responsibilities will result in their technology privileges being withdrawn.

Parent/Guardian Signature_____ Date: MM / DD / YYYY

Student Signature is for - GRADE 4-9 ONLY

This is to certify that I (STUDENT NAME)_____

Having read, and understood the Responsible use of technology agreement, shall abide by all the requirements set forth in this agreement. I agree that if I fail to keep my commitment to the rules outlined in this agreement that I will have my MIS network and technology privileges revoked either temporarily or permanently. I also understand that there may be other disciplinary consequences if there has been a breach of the Responsible use of technology agreement and a search of the technology confirms this breach.

Parent/Guardian Signature_____ Date: MM / DD / YYYY



MAC Islamic School
Edmonton

F.O.I.P DECLARATION (FREEDOM OF INFORMATION & PROTECTION OF PRIVACY)

Student's Name:

Grade:

- ☐ Yes, I hereby grant permission for video recordings and digital photographs to be taken of my child or my child's work as part of his/her participation in MAC Islamic School programs.

I authorize MAC Islamic School to use my child's image and or video and I acknowledge MAC Islamic Schools' right to adjust the media (such as cropping/design) at its discretion on the following media: Website, Social Media, Digital School Newsletter, Classroom Communicated Tools, and Printed Promotional Materials, including the yearbook

I also acknowledge that MAC Islamic School may choose not to use my child's image at this time, but may do so at its own discretion at a later date.

I understand that once my child's image is posted on the MAC Islamic School website and Facebook page and sent through electronic newsletter, the image could potentially be downloaded by a third party. I agree that I will not hold MAC Islamic School responsible for any harm that may arise from such unauthorized reproduction.

- ☐ No, I do not authorize MAC Islamic School to use my child's video/photograph in any capacity.

Parent/Guardian Name

Parent/Guardian Signature _____ Date: MM / DD / YYYY