

STUDENT INFORMATION			
First Name:	Surname:	Date of Birth: (MM / DD / YYYY)	Gender:
Address:		Postal Code:	City: Province:
Home Phone:	Health Card:	Primary language spoken:	
Status is Canada:			
If child was NOT born in Canada, please provide ENTRY DATE TO CANADA: (MM / DD / YYYY)			Ethnic Origin:
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian (Provide the office with a copy of relevant custody papers.)			
Father / GUARDIAN INFORMATION			
First Name:	Surname:		
Relationship to Child:	Cell Phone: ()		
<input type="checkbox"/> Same as above	Postal Code:	City:	Province:
Address:			
E-mail Address:			
Occupation:	Employer:	Work Tel. ()	
Work Address:	Postal Code:	City:	Province:
Mother/ GUARDIAN INFORMATION			
First Name:	Surname:		
Relationship to Child:	Cell Phone: ()		
<input type="checkbox"/> Same as above	Postal Code:	City:	Province:
Address:			
E-mail Address:			
Occupation:	Employer:	Work Tel. ()	
Work Address:	Postal Code:	City:	Province:
EMERGENCY CONTACT (Other Than Parents)			
First Name:	Surname:	Relationship:	
Home Phone: ()	Cell Phone: ()	Work Phone: ()	
EDUCATION HISTORY			
Name of present school:		Present Grade:	
Email of present school:		Present School Postal Code:	
Special Needs (list if any):			
Has your child ever been on an Individual Education Program (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, indicate grade level(s) and subject(s)			
Has your child ever been suspended or expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, indicate grade level(s), school, and reason:			
ACKNOWLEDGEMENT			
<p><i>Registration is not complete until all forms, required documents and applicable registration fee are submitted. Parents will be formally notified of their child's admission following successful completion of the admission assessment procedures.</i></p> <p>Parent/Guardian Signature _____ Date _____</p>			
<small>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, 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. MAC Maple Grove School holds the right to open, merge, and/or close classes based on the number of students registered in the class.</small>			

* Please PRINT name for E-signature



MAC MAPLE GROVE SCHOOL

PARENTAL AGREEMENT

Academic Year 2022-2023

Student Names	Grade in upcoming school year

**Parent
Initials**

In consideration for the enrollment of my child(ren) at MAC School;

- 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 MAC MGS 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, post-dated cheques or one immediate, complete payment). _____
- 3) I understand that all NEW students will be required to write an entrance test and they may be refused admission based on test results. _____
- 4) I understand that if my child is refused admission by the school, resource fees may be refunded but registration fees are non-refundable. _____
- 5) I understand that once admitted, the resource fee is non-refundable and includes the cost of workbooks and the rental of the textbooks. _____
- 6) I understand that MAC MGS reserves the right to NOT accept any child based on academic and/or behavioural standards. _____
- 7) I understand that students are placed in grades according to their age (year of the birth up to Dec 31st). _____
- 8) I understand that all new students will be automatically put on a three month probation period. _____
- 9) I understand that if my child is accepted under conditional acceptance then he/she must join MGS's after school Homework Club. There is an extra cost for this club. _____
- 10) I understand that the August tuition pays for June, and that the August tuition WILL NOT be refunded if I withdraw my child(ren) from MAC Maple Grove School at any time during the current academic year. _____
- 11) I agree that once the student is granted admission to MAC MGS, there will be NO tuition reimbursement for the months of January to May for withdrawal requests submitted after Dec 01, 2022. _____
- 12) 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. _____
- 13) In the case of withdrawal, I agree to email a written notification to admin@macmaplegrove.com with one month's notice before the first of the month. I understand if I notify the school before the first 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 first of the month, then I will pay the current as well as the following month's tuition. Additionally, if a decision is made to withdraw my child(ren) after December 1st and before December 31st, the previous stated rule would still apply. As such you would be responsible for January's fee but not those of February to May. _____
- 14) I further understand that: _____
 - a) If the tuition fee is outstanding, the student will not be eligible to resume classes until the outstanding amount has been cleared.
 - b) In the event that any school related fees (e.g. tuition or after school care fees), textbooks, library books or any other material belonging to MAC MGS are outstanding, report cards will not be issued until such time as the outstanding account has been cleared.
- 15) I understand and agree that all library books and textbooks are school property and have to be returned to the school at the end of the academic year in good condition (as determined by the school). Otherwise, a fine will be applied per item. _____
- 16) I understand that each homeroom teacher will be providing a supply list to their students. I agree that it is my responsibility to purchase them. _____
- 17) I understand that if my child is not well enough to spend his/her recess outdoors, then my child will be kept at home as the school is not equipped to monitor sick children during recess. The school does not administer medication to students as well. _____
- 18) I grant permission for my child to use all of the play equipment and to participate in all school activities. _____
- 19) I grant permission for my child to leave school premises under the supervision of staff for neighbourhood walks or visiting nearby parks. _____
- 20) 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. _____
- 21) I grant permission for my child to be included in academic assessments and competitions that the school chooses to participate in. _____
- 22) I grant permission for my child to use the Internet for academic purposes. _____
- 23) I grant permission for my child to be included in any pictures and/or video connected with the school program and school promotion. _____
- 24) I understand that MAC Maple Grove School does not have the resources or facilities to accommodate special needs students, gifted children and children with learning and physical disabilities. All will be considered on a case by case basis. _____
- 25) I understand and agree that the school will not be responsible for anything that may happen as a result of false information given or information withheld at the time of enrollment and any such false information may lead to my child's dismissal from the school _____
- 26) I acknowledge that I have read and understood the description of MAC Maple Grove School and have had all of my questions answered to my satisfaction and that I am aware of the programs which my child will be participating in as a student of MAC MGS. _____
- 27) I have read, understood and agree to comply and follow the policies and procedures of MAC Maple Grove School. _____
- 28) I agree to assume all costs, responsibilities, liabilities and risks in connection with my child's enrollment as a student of MAC Maple Grove School including, without limitation, my child's use of play and sports equipment and participation in school activities. _____
- 29) I further release, remise and discharge the Muslim Association of Canada and MAC Maple Grove School, its administrators, directors, officers and teachers and their respective heirs, 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 Maple Grove 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 reason of the child's participation in the activities and programs of MAC Maple Grove School. _____
- 30) **Grades 7 and 8 students are required to have a Chromebook.** Parents have the option to rent a Chromebook from the school or provide it from outside. _____
 - a) **Students bringing their own Chromebooks will be charged a \$75 fee for licensing and security software.**
 - b) **MGS Chromebook rental fee is \$150 for one academic year. Parents will be responsible for lost or damaged Chromebooks.**
- 31) Chromebook rental or the software fees must be paid by postdated cheque at the time of registration. _____

Parent Name _____	Signature _____	Date _____
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* Please PRINT name for E-signature



MAC MAPLE GROVE SCHOOL

MEDICAL FORM

Academic Year 2022-2023

STUDENT MEDICAL INFORMATION

First Name:

Surname:

Gender:

D.O.B. (MM / DD / YYYY)

Health Card #:

Student's Physician:

Phone Number:

MEDICAL HISTORY

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

Please indicate whether your child has any allergies (including insect bites, medication, food, animals, plants, dust, etc.):

Briefly explain your child's reaction to any of these allergies.

What counter measures need to be taken if a reaction occurs?

Is your child on a restrictive diet? If so, what?

Does your child have asthma?
If **yes**, is it severe?

Is your child receiving any medication on a continuous basis?

[If so, please list names and reasons for medication]

My child been diagnosed for any behavioural, cognitive, or other disorder affecting his/her ability to learn (e.g. Attention Deficit Disorder (ADD), Asperger Syndrome, dyslexia)? [If so, please indicate what and how it is treated]

Please provide the school with a copy of an updated immunization record.

MEDICAL EMERGENCIES

- If a student becomes ill while at school, parents must pick up the child or arrange for 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 MAC Maple Grove School 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, as you deem appropriate at the time. I understand and agree that any expenses incurred under the above circumstances, will be the responsibility of the child's family.
- If your child must take prescription medication at school, we require a permission form signed by the parent. Staff can only administer routine prescribed medication when a written permission is submitted to the school by the parent.

Parent/Guardian Signature _____

Date _____

* Please PRINT name for E-signature



**REQUEST FOR AN OSR
FROM A SCHOOL WITHIN ONTARIO**

Please forward the Ontario Student Record (OSR) for:

Surname

First

Middle

Name of Previous School

Who has enrolled in Grade _____ at **MAC Maple Grove School**.

Address: 160 Courtland Avenue East
Kitchener, Ontario
N2G 2V3

Telephone: (226) 647-8500

BSID Number: 665027

This is to certify that MAC Maple Grove is a PRIVATE SCHOOL in Ontario operated by the Muslim Association of Canada.

I hereby agree to accept responsibility for the record and to use, maintain, transfer, and dispose of the record in accordance with the Ontario Student Record (OSR) Guideline, 2000.

Principal

Date

MAC Maple Grove School
160 Courtland Ave E, Kitchener ON N2G 2V3
Tel: (226) 647-8500 | admin@macmaplegrove.com | www.macmaplegrove.com