



Madinah Islamic School

1015 Danforth Avenue Toronto, Ontario M4J 1M1

Tel: (647) 344-2483

Assalamu Alaikum Warahmatulla Wabarakthuhu.

Dear Parent/Guardian,

Thank you for your interest in Madinah Islamic School. Registered under the Ontario Ministry of Education, the school is catering to the diverse culture and socioeconomic Muslim population of the city by delivering high quality and affordable Academic and Islamic education to children. Madinah Islamic School strives to establish a nurturing Islamic academic schooling environment for students and promote values that align to the original teachings of the Quran and Sunnah.

Attached you will find the school Admission Form, Medical Information Form, and general information about the school. If you are interested in enrolling your child at Madinah Islamic School, please complete and submit to the school office the following:

- Admission Form
- Medical Information Form
- Documents:
 - Proof of Birth (Birth Certificate, Passport, Citizenship Card)
 - Updated Immunization Record
 - Most recent Report Card

Once again, thank you for considering Madinah Islamic School. For more information, please visit the school office or contact us at 647-344-2483.

Sincerely,

Shiraz Mohamed
Principal



Medical Information Form

The collection and retention of the information requested on this form is authorized and governed by the Ontario Education Act and the Municipal Freedom of Information and Protection of Privacy Act.

The following information will be helpful to the teacher in making your child comfortable and safe.

Student: _____ Date of Birth: _____ Grade/Class: _____

Parent/Guardian: _____ Telephone: (H) _____ (B) _____

Ontario Health Number: _____ Family Doctor: _____ Telephone: _____

Medical Conditions

Please indicate any significant medical conditions, physical limitations, or any other concerns that might affect your child's/ward's full participation in excursions/school activities.

- Asthma Fainting Spells History of head injuries Hemophilia/Bleeding disorders Hernia
- Migraine Rheumatic Fever Chronic Nosebleed Ear, Nose, Throat infections Sleepwalking
- Seizures Diabetes Feet or Leg problems Urinary infections Heart problems
- Rash Digestive upsets Recent illness or operation Other _____

Dislocated shoulder; swollen, painful joints; 'trick or lock' knee or other joint disability

Give details of usual treatment for each of the above conditions indicated: _____

Please explain if your child/ward has any medical condition that requires any modification of his/her program. _____

Allergies/Asthma

Please list all known confirmed allergies to the following:

(a) Foods: _____

If foods are life-threatening, please explain the symptoms and the treatment: _____

(b) Medications: _____

(c) Other (e.g., bee or wasp stings, environmental allergies): _____

Has your child/ward suffered any serious allergic or asthmatic reaction?

If so, please provide details, including the type and severity of reaction: _____

Is allergy considered: Mild _____ Moderate _____ Serious _____ Life-Threatening _____

Has a doctor prescribed an Epi-Pen for your child/ward? Yes _____ No _____

Has a doctor prescribed an inhaler for asthma? Yes _____ No _____ (Prescribed asthma inhalers must be carried by the student on the excursion.)

Has a doctor prescribed an inhaler for any other reason? Yes _____ No _____

Dietary Restrictions

Please list any foods your child/ward should not eat for medical, dietary, or other reasons: _____

Medication

Does your child/ward take prescribed medication on a regular basis? Please specify: _____

What prescribed medication(s) should your child/ward have with him/her during the excursion? _____

General

(1) Does your child/ward wear or carry medical alert identification (e.g., bracelet)? Yes _____ No _____

If yes, please specify what is written on it: _____

(2) Does your child/ward have any other relevant medical condition that will require modification of the program? Yes _____ No _____

If yes, please explain: _____

(3) Does your child/ward have any special fears or conditions (e.g., anxiety, bed-wetting, nightmares), the knowledge of which will allow the teacher to make the student's excursion more relaxed? Yes _____ No _____ If yes, please explain: _____

Should it become necessary for my child to have medical care, I hereby give the teacher permission to use her/his best judgment in obtaining the best of such service for my child. I also understand that in the event of such illness or accident, I will be notified as soon as possible.

Name of Parent/Guardian: _____ (Please print)

Signature of Parent/Guardian: _____ Date: _____



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Admission:

- New students must submit a completed Application Form and provide the following documents:
 - Proof of Birth (Birth Certificate, Passport, Landing Document, Citizenship Card)
 - Updated Immunization Record
 - Most recent Report Card
- Students will be admitted on a first come first serve basis
- All new students will be admitted on a two-month probation period

School Uniform:

- School uniforms (upper and lower garment) are available for purchase from the school office
- Each student is required to purchase a minimum of two sets of the school uniform
- Uniforms must be worn by students at all times during the school year
- Students are encouraged to wear running shoes

School Timings:

- School begins at 8:45 AM and ends at 3:00 PM
- Students must not be dropped off at the school earlier than 8:30 AM
- Students must not be picked up later than 3:30 PM
- Late slip will be issued to students arriving after 9:00 AM
- Students arriving after 9:00 AM must report directly to the school office
- Parents are required to inform the school office when students will be absent

Lunch:

- Students are required to bring their own lunch and snack to school
- Time will be allocated for snack break and lunch
- Healthy food is recommended. Junk food (chocolates, candies, chips etc.) is not allowed

Fees:

- \$200 per month per student
- \$350 per month for 2 siblings
- One-time fee of \$150 per student for the year's books and supplies
- Fees are payable by direct deposit (void cheque required)
- A service charge of \$25 will be payable for Non-sufficient funds (NSF) fee
- Fees paid by cheque require 10 months of postdated cheques