



JIC SCHOOL

2380 Tedlo St. Mississauga ON, L5A 3V3
Tel: (905) 361-9JIC (542) - (905) 279-3040
Fax: (905) 279-8486
Website: www.jicschool.com
Email: info@jicschool.com

ADMISSION FORM 2026-2027

STUDENT INFORMATION: (PLEASE PRINT CLEARLY)

Today's Date: _____

Enrolling grade: _____ entry date: ____ / ____ / ____
YY MM DD New Student: _____
Current Student: _____

Student Name: _____
First Name Middle Name Last Name

Address: _____ City: _____

Postal Code: _____ Home Tel: () _____ Cell: () _____

Email: _____ Date of Birth: ____ / ____ / ____
YY MM DD Age: _____ Gender
 Male
 Female

Country of Birth: _____ Status in Canada: _____

Date entered Canada: ____ / ____ / ____
YY MM DD

Language spoken at home: _____ Does the child speak English: Yes
 No

OHIP #: _____ Expiry: ____ / ____ / ____
YY MM DD

Family Doctor's Name: _____ Tel: () _____

Name of Previous School: _____

Address: _____ City: _____

Postal Code: _____ Tel: () _____ Fax: () _____

Reason for leaving previous school: _____

Reason for joining JIC School: _____

Has your child been enrolled in any special programs (e.g. Gifted, French immersion, special needs, ESL, IEP)? Please describe:

Does your child have any special learning, Behavioral or Physical Difficulties? Please describe:



J.I.C SCHOOL

2380 Tedlo Street, Mississauga, Ontario, L5A 3V3
Tel:(905) 361-9542- (905) 279-3040- Fax (905) 279-8486
Email: info@jicschool.com
Website: www.jicschool.com

PARENTAL AGREEMENT SCHOOL YEAR 2026–2027

Student Name: _____

By signing this agreement, I acknowledge that I have read, understood, and agree to the following terms and conditions of enrollment at JIC School:

1. I agree to pay all tuition fees and dues to JIC School on the specified dates and according to the school's payment schedule.
2. In the event of absence, withdrawal, or removal of my child from the school or any of its services, I remain responsible for all applicable fees up to and including the current month.
3. A written 30-day notice is required for withdrawal from the school. Tuition for the remaining month following the 30-day notice period is payable in full.
4. I understand that once a student is granted admission to JIC School, all paid fees are non-refundable.
 - A late payment fee of \$25 per child, per month will apply.
 - A \$45 NSF charge will apply for returned cheques or failed pre-authorized payments.
5. I understand that if tuition fees are outstanding, my child will not be permitted to attend classes until the balance is paid in full. I also acknowledge that tuition fees are subject to change at any time.
6. All staff members must be treated with dignity and respect at all times. Any form of threatening behavior, yelling, or violence toward staff will not be tolerated. JIC School reserves the right to require the immediate removal of any parent or student engaging in such behavior and may terminate a student's enrollment if such conduct occurs.
7. Student supervision is provided from 8:30 a.m. to 3:30 p.m. I agree to drop off and pick up my child(ren) on time. JIC staff are not responsible for students before 8:30 a.m. or after 3:30 p.m. For safety reasons, parents/guardians must enter the school to pick up their child(ren); students are not permitted to leave the school premises without adult supervision. A late pickup fee will be charged for any student picked up after 3:30 p.m.
8. It is mandatory for my child to attend school in a clean and proper school uniform, and all uniforms must be purchased exclusively from Dido Colours.

9. Photographs and/or videos of students may be taken during school activities, outings, and events. These images may be used by the school for newsletters, the school website, and school-related promotional purposes.

10. I grant permission for my child to participate in all school activities, including neighborhood walks and school trips under staff supervision. I also grant permission for the use of private or contracted transportation for school trips when required.

11. I grant permission for my child to participate in academic assessments, evaluations, competitions, and programs that the school chooses to participate in.

12. I grant permission for my child to use the Internet and digital resources for educational and academic purposes.

13. I acknowledge that JIC School does not have the resources or facilities to accommodate students with special needs, gifted programming, or learning and physical disabilities.

14. I agree to assume all costs, responsibilities, risks, and liabilities associated with my child's enrollment at JIC School, including but not limited to participation in school activities and the use of play and sports equipment.

15. I hereby release, remise, and forever discharge JIC School and Jamia Islamia Canada Inc., including their administrators, directors, officers, employees, teachers, volunteers, and representatives, and each of their respective heirs, executors, administrators, successors, and assigns, from any and all claims, demands, actions, causes of action, damages, losses, costs, or liabilities of any kind whatsoever, whether in law or in equity, which may arise now or in the future in connection with or as a result of my child's enrollment in, attendance at, or participation in any programs, activities, events, or services of JIC School, to the fullest extent permitted by law.

16. I confirm that I have read, understood, and agree to comply with all policies, rules, and procedures of JIC School.

17. I acknowledge that I have read and understood the description of JIC School, have had the opportunity to ask questions, and am satisfied with the information provided regarding my child's enrollment and participation in school programs.

Parent / Guardian Signature

Date

Jamia Islamia Canada School

2380 Tedlo Street, Mississauga, Ontario L5A 3V3

Tel: 905-361-9542 Fax: 905-279-8486

www.jicschool.com

Pre-authorized Payment Agreement 2026-2027

Term of Payment

1st child \$425, 2nd and more siblings \$400 (grades 1-8)

Kindergarten (JK-SK) \$450 per student

Attach a **VOID** cheque or Pre-Authorize Debit Form

Account holder Name(s): _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Tel: _____

Child Name: _____ Grade: _____

Child Name: _____ Grade: _____

Child Name: _____ Grade: _____

Child Name: _____ Grade: _____

Amount: _____ + _____ + _____ + _____ + _____ = _____

JK-SK	1 st child	2 nd	3 rd	4 th	Total Amount
\$450	\$425	\$825	\$1225	\$1625	(10 MONTH PLAN)

No sibling discount in JK -SK - Discounts only from grades 1-8

In case of withdrawal from school written **30-day notification** required by account holder, in order to cancel the payment from the bank.

* Registration or Re-enrollment fee is **NON-REFUNDABLE**

I (we) authorize the Jamia Islamia Canada to process a debit form my account for all school fees as per the payment terms above. I also agreed to the terms of parental agreement form.

Signature

Date

Office use only

Number of Installments _____ Registration: _____ Total Students _____ Total Amount _____

Receive by: _____ Date: _____