



IPC Academy - Islamic Elementary School

IPC Academy Tuition Fees and Information 2025-2026

School Year

STEPS TO REGISTER YOUR CHILD:

- Complete the registration online here or at www.ipcacademy.ca
- Print Sheets out and bring to IPC Academy Monday – Friday 8AM – 4PM or email at Principal@ipcacademy.ca
- We will contact the parent to confirm the enrolment of their child, once application is approved

ADMISSION CHECKLIST:

- Registration Form
- Tuition and Supply Fee
- 1 Recent Photo
- Copy of Birth Certificate
- Copy of Immunization Records
- Copy of Health Card
- Payment of Full payment made with Cash, Card or Cheque or Post-Dated Cheques and or Credit Card for Monthly Payments.

FEES	AMOUNT
Annually for JK to grade 3 Payable Monthly (10 or 12 Months)	\$3,600
Registration Fees – One Time (non - refundable)	\$100
School supplies – One Time (non-refundable)	\$300
Total Cost Per Year	\$4,000
*Additional Expenses: Field Trips and Uniform	

WHAT DO THE FEES COVER?

Tuition Fees are paid per student and go towards the cost of delivering our educational programme. Tuition and supply fees cover all educational materials used by the children as part of the main curriculum and includes exercise books, stationery, chrome book for coding and equipment.

Note: School reserves the right to review and adjust its fees at any time. Any changes will be advertised.



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STUDENT APPLICATION FORM

PLEASE PRINT AND BRING BACK TO IPC ACADEMY DURING BUSINESS HOURS OR EMAIL AT PRINCIPAL@IPCACADEMY.CA

STUDENT INFORMATION						
Last Name:		First Name:		Middle Name:		
Preferred Name:		Student Email:		Home Phone:		
Date of Birth: ____/____/____ YYYY MM DD		Country of Birth:		Gender: ☐ Female ☐ Male		
Street #:	Street Name:		Apt. #	City/Town:	Province: Ontario	Postal Code
First Language:			Language(s) Spoken at Home:			
Birth Verification: ☐ Birth Certificate/Statement of Live Birth/Birth Registration ☐ Passport ☐ Refugee Claimant Form (IMM 1442) ☐ Permanent Residence ☐ Card Citizenship Card ☐ Record of Landing (IMM 1000) ☐ Other (Please state):						
Status in Canada (Please provide an original copy of the student's status; to be stored in the OSR): ☐ Canadian Citizen ☐ Landed Immigrant ☐ Visitor ☐ Refugee ☐ Parent Work Permit ☐ Study Permit ☐ Other (Please state):					Date of Entry in Canada ____/____/____ YY MM DD	
MEDICAL INFORMATION						
Medical Conditions (Allergies/Required Medications/Specific Health conditions/requirements etc.) - Please fill out our Medical Form and accompany any medical documents to support/assist us in your child's care:					Health Card Number:	
EDUCATIONAL BACKGROUND						
Has the student ever been identified as in need of special education? If Yes, (a copy of the IEP is required). ☐ No ☐ Yes						
If the student is identified as in need of special education and a copy of the IEP is <u>not provided</u> , then the school reserves the right to <u>decline registration</u> .						
Name of Previously Attended School:			Previous School Phone Number:		Date Last Attended Previous School ____/____/____ YY MM DD	
Previous School Type/Board: ☐ Out of Country. Please state country: _____ ☐ Private School ☐ Home school ☐ In Canada, non-Ontario. Please state province or territory: _____ ☐ Ontario Public School. Please state board: _____						
Last grade completed or currently enrolled in: _____ PLEASE PROVIDE THE LAST TWO (2) ISSUED REPORT CARDS FOR ELEMENTARY STUDENTS, OR THE ONTARIO STUDENT TRANSCRIPT (OR EQUIVALENT) FOR SECONDARY STUDENTS.						
Child is under the Custody of: ☐ Both Parents ☐ Mother ☐ Father ☐ Other (Please state):						



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PARENT/GUARDIAN INFORMATION FORM

PARENT/GUARDIAN #1 INFORMATION					
Last Name:		First Name:		Gender: ☐ Female ☐ Male	
Relationship to Student (must provide proof of custody if not the parent):		Lives with Student: ☐ Yes ☐ No		Emergency Contact Priority: ☐ 1 ☐ 2 ☐ 3 ☐ 4	
Parent/Guardian #1 Address (if different from student)					
Street #:	Street Name:	Apt. #	City/Town:	Province: Ontario	Postal Code
Home Phone Number:		Work Phone Number:			
Cell Phone Number:		Email:			
PARENT/GUARDIAN #2 INFORMATION					
Last Name:		First Name:		Gender: ☐ Female ☐ Male	
Relationship to Student (must provide proof of custody if not the parent):		Lives with Student: ☐ Yes ☐ No		Emergency Contact Priority: ☐ 1 ☐ 2 ☐ 3 ☐ 4	
Parent/Guardian #2 Address (if different from student)					
Street #:	Street Name:	Apt. #	City/Town:	Province: Ontario	Postal Code
Home Phone Number:		Work Phone Number:			
Cell Phone Number:		Email:			
EMERGENCY CONTACT #1 INFORMATION					
Last Name:		First Name:		Gender: ☐ Female ☐ Male	
Relationship to Student:		Lives with Student: ☐ Yes ☐ No		Emergency Contact Priority: ☐ 1 ☐ 2 ☐ 3 ☐ 4	
Home Phone Number:		Work Phone Number:			
Cell Phone Number:		Email:			
EMERGENCY CONTACT #2 INFORMATION					
Last Name:		First Name:		Gender: ☐ Female ☐ Male	
Relationship to Student:		Lives with Student: ☐ Yes ☐ No		Emergency Contact Priority: ☐ 1 ☐ 2 ☐ 3 ☐ 4	
Home Phone Number:		Work Phone Number:			
Cell Phone Number:		Email:			
NOTICE TO PARENTS/GUARDIANS					
Personal information collected during registration and while attending the school are done pursuant to the Education Act. It will be used for school planning and programming, home and school communications and to establish the Ontario Student record. The Registration form is retained in the student's OSR by the registering school for 5 years (post retirement). Direct any questions about this form to the school principal.					
I hereby certify that the included information is accurate to the best of my knowledge and I understand that it is my responsibility to advise the school immediately of any changes in information stated on this form.					
Date (dd/mm/yyyy):		Signature of Parent/ Guardian of Student:			

IPC ACADEMY - ISLAMIC ELEMENTARY SCHOOL

<https://www.ipcademy.ca> - 437 - 607 - 7865

5761 Coopers Ave, Mississauga, Ontario L4Z1R9