



AL-MADRASATUL ISLAMIYAH LIL ADFAAL FE TORONTO

40 SOUTH STATION ST. TORONTO, ON M9N 2B3 CANADA
 TEL: (416) 242-9996: FAX: (416) 242-9977
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SECTION 1 STUDENT INFORMATION:		
Last Name	Middle Name	First Name
Complete Address:		
Date of Birth (yyyy/mm/dd)	Country of Birth	Date of Arrival in Canada
Registration for Grade	<input type="checkbox"/> JK <input type="checkbox"/> SK <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Gender: <input type="checkbox"/> male <input type="checkbox"/> Female
Father's Name:	Tel: Home	Tel: Work
Mother's Name:	Tel: Home	Tel: Work
Guardian's Name:	Tel: Home	Tel: Work
Student Lives with:	<input type="checkbox"/> Both <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guirdian	
SECTION 2 EDUCATION HISTORY:		
Name of Last School Attended	Last Grade Completed	
School Address:	Tel: NO:	
SECTION 3 MEDICAL INFORMATION:		
Family Doctor's Name	Tel: NO:	
Student Health Card Number:		
Please list any health problems and/or special needs the student may have (i.e. allergies, asthma, inhaler and e.t.c.)		
In case of an emergency, the school should contact:		
Name:	Relationship to student	
Address:	Tel: NO:	
Please sign and date your registration form below before submitting to Islamic Education Guidance Center: JAZAKAL LAHU KHAIR.		
Parent Name:	Parent Signature	Date (yyyy/mm/dd)

SECTION 4 FOR OFFICE USE ONLY:		
Student Name	Grade	Student Number
<input type="checkbox"/> Registration fee paid full	<input type="checkbox"/> Immunization record attached	Completed
<input type="checkbox"/> First month's tuition fee paid in full	<input type="checkbox"/> 2 passport size photos attached	Incomplete
<input type="checkbox"/> Copy of birth certificate attached	<input type="checkbox"/> Copy of last report card attached	Date(yyyymmdd)