



NAMF Islamic Academy

Elementary Division

STUDENT REGISTRATION FORM

STUDENT INFORMATION

STUDENT'S NAME _____
First Name Middle Name Last Name

ADDRESS _____ / _____
No Street Apt #
_____/_____/_____
City/Town Province Postal Code

STUDENT'S TELEPHONE (_____) _____ EMAIL _____
Home

DATE OF BIRTH ____/____/____ PLACE OF BIRTH ____/____
dd mm yyyy City Country

GENDER: Male _____ Female _____ AGE AS OF SEPTEMBER 1st : _____ ENTRY GRADE: _____

STATUS IN CANADA: 1 Canadian Citizen _____ 2. Permanent Resident _____ 3. Refugee _____ 4. Other _____

LANGUAGES SPOKEN AT HOME: _____

PARENT AND/OR GUARDIANS INFORMATION

MOTHER'S NAME _____
First Name Middle Name Last Name

If different from Student:

ADDRESS _____ / _____
No Street Apt #
_____/_____/_____
City/Town Province Postal Code

TELEPHONE (_____) _____ (_____) _____ (_____) _____
Home Business / Cell Fax

EMAIL _____ EMPLOYER _____

PARENT AND/OR GUARDIANS INFORMATION Continue...

FATHER's NAME _____
First Name Middle Name Last Name

If different from Student:

ADDRESS _____ / _____
No Street Apt #
_____/_____/_____
City/Town Province Postal Code

TELEPHONE (_____) _____ (_____) _____ (_____) _____
Home Business / Cell Fax

EMAIL _____ EMPLOYER _____

MARITAL STATUS: Married ___ Divorced ___ Single ___ Separated ___ Widowed ___

PREVIOUS SCHOOL INFORMATION

1. NAME OF THE SCHOOL ATTENDED

ADDRESS

TEL: _____ **Fax:** _____

GRADE ATTENDED _____

EMERGENCY CONTACT INFORMATION

In the case of an emergency, the school will contact, or release the child to the following person(s) or the person signing this form:

NAME _____ TELEPHONE (_____) _____ RELATIONSHIP _____

NAME _____ TELEPHONE (_____) _____ RELATIONSHIP _____

MEDICAL INFORMATION

FAMILY DOCTOR's NAME _____ TEL(_____)_____

Are there any particular medical problems your child may be experiencing which his/her teacher should be aware of?

Physical Disability_____ Learning Disability_____ Diabetes_____ Epilepsy_____ Allergy_____

Are there any restrictions that the school staff should be aware of? (E.g. food, activities to avoided?)

Other medical conditions such as a serious heart condition, blood disorder, immune system disorder or any other serious chronic conditions, which will need school staff attention:

STUDENT HEALTH CARD NO _____

DECLARATION

- I wish to submit my child's application for Registration to NAMF Islamic Academy.
- I am submitting a \$25.00 registration fee (non-refundable) with this application.
- I confirm that my child and I will abide by all the rules and regulations of the NAMF Islamic Academy and will complete all admission requirements.

_____ Signature _____ Date _____
Name of Parent/ Guardian

FOR OFFICE USE ONLY

Date Application received:_____/_____/_____
dd mm yyyy

Time Received: ____/_____
hh mm

Date Application Approved:_____/_____/_____
dd mm yyyy

Registration fee: ____/_____
Cash Cheque

Grade admitted: _____

Authorized by _____ Signature _____ Date _____
Name