



# NAMF Summer Islamic School

## 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 July 1st: \_\_\_\_ ENTRY GRADE: \_\_\_\_

LANGUAGES SPOKEN AT HOME: \_\_\_\_\_

### PARENT AND/OR GUARDIANS INFORMATION

MOTHER's NAME \_\_\_\_\_  
First Name Middle Name Last Name

FATHER's NAME \_\_\_\_\_  
First Name Middle Name Last Name

### 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 \_\_\_\_\_

