

STUDENT REGISTRATION FORM 2015 / 2016

PLEASE PRINT

STUDENT INFORMATION

Application Number					
1) Student Last Name		2) Student First Name		2) Student Middle Name	
3) Grade		4) Birthdate (YY/MM/DD)		5) Sex (Please Circle) F M	
6) Street #	7) Street Name		8) City	9) Province AB	10) Postal Code
				11) Apt. #	

PARENT/GUARDIAN INFORMATION

FIRST PARENT/GUARDIAN (OR FATHER)		SECOND PARENT/GUARDIAN (OR MOTHER)	
1) Relationship		1) Relationship	
2) Title (Mr./Mrs./etc)		2) Title (Mr./Mrs./etc)	
3) Name (Family Name, First Name and Middle Name)		3) Name (Family Name, First Name and Middle Name)	
4) Street # ☞ Same as Above		5) Apt #	4) Street # ☞ Same as Above
6) Street Name		6) Street Name	
7) City		7) City	
8) Postal Code	9) Home Phone #	8) Postal Code	9) Home Phone#
10) Business Phone #	11) Extension #	10) Business Phone #	11) Extension #
12) Email		12) Email	

EMERGENCY INFORMATION

1) 1 st Emergency Contact Name (Not Parent or Guardian)	2) 1 st Contact Phone #	3) 1 st Cont Ext #
1) 2 nd Emergency Contact Name (Not Parent or Guardian)	2) 2 nd Contact Phone #	3) 2 nd Cont Ext #

MEDICAL INFORMATION

Are there any Medical or Social or Learning or Allergy **Conditions / Issues / Disabilities** School should be aware of?

No
 Yes, please indicate and explain:

Alberta Health Care Number: _____

WAIVER DECLARATION

1) I am the parent / guardian responsible for the action of my child(ren), and I will remain in legal responsibility for any accident or injury happens to myself or my child(ren) before, during or after the school's hours. I will prepare my child(ren) to behave well according to Islamic etiquette and to support, follow the teacher's instructions, and all the school's policies and rules. If my child(ren) fails to abide by the rules, he, she or they will be expelled from the school after informing me. This waiver will be in effect from Sept. 5th, 2015 – May 26th, 2016.

2) I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form

Signature of Parent / Guardian

Registration Date

YYYY / MM / DD