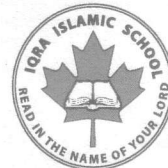


IQRA ISLAMIC SCHOOL STUDENT REGISTRATION



Address: 5751 Coopers Ave. Mississauga, On. L4Z 1R9
 Tel: (905) 507-6688 Fax: (905) 507-9243
 www.iqraislamicschool.com

LAST NAME	FIRST NAME	SECOND NAME
LEGAL LAST NAME	LEGAL FIRST NAME	

RESIDENTIAL ADDRESS

APT. NO.	STREET NUMBER	STREET NAME LINE OR SIDE ROAD	P.O. BOX	E-MAIL ADDRESS
CITY		PROVINCE	POSTAL CODE	HOME PHONE NUMBER
BIRTH DATE		PREVIOUS SCHOOL NAME	ADDRESS	

GRADE <input style="width: 40px;" type="text"/>	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADMISSION DATE	PROFF OF NAME AND AGE <input type="checkbox"/> 1 - BIRTH CERTIFICATE <input type="checkbox"/> 2 - O.S.R <input type="checkbox"/> 3 - PASSPORT <input type="checkbox"/> 4 - OTHER

PRIMARY LANGUAGE SPOKEN AT HOME	FAMILY DOCTOR'S NAME	DOCTOR PHONE NUMBER	HEALTH CARD NO.
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EMERGENCY CONTACT IF PARENT CAN'T BE REACHED NAME	PHONE NO.	NAME	PHONE NO.
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HEALTH PROBLEMS:	SPECIFY
<input type="checkbox"/> HEART <input type="checkbox"/> SEIZURES <input type="checkbox"/> HEARING <input type="checkbox"/> ASTIMA <input type="checkbox"/> SPEECH <input type="checkbox"/> MEDICATION REQUIRED <input type="checkbox"/> SIGHT <input type="checkbox"/> OTHER	

CITIZENSHIP	
<input type="checkbox"/> 1 - CANADIAN CITIZEN <input type="checkbox"/> 3 - STUDENT VISA <input type="checkbox"/> 2 - LANDED IMMIGRANT <input type="checkbox"/> 4 - OTHER VISA	

CUSTODY	LIVING WITH
<input type="checkbox"/> 1 - BOTH PARENTS <input type="checkbox"/> 3 - FATHER ONLY <input type="checkbox"/> 2 - MOTHER ONLY <input type="checkbox"/> 4 - GUARDIAN	<input type="checkbox"/> 1 - BOTH PARENTS <input type="checkbox"/> 3 - FATHER ONLY <input type="checkbox"/> 2 - MOTHER ONLY <input type="checkbox"/> 4 - GUARDIAN <input type="checkbox"/> 5 - OTHER

MOTHER LAST NAME	FIRST NAME	Home Phone Number	Available at Work
		Business Phone Number	Ext. <input type="checkbox"/>
FATHER LAST NAME	FIRST NAME	Home Phone Number	
		Business Phone Number	Ext. <input type="checkbox"/>
GUARDIAN NAME		Home Phone Number	
Address if different from student's		Business Phone Number	Ext. <input type="checkbox"/>

ADDITIONAL INFORMATION OF WHICH THE SCHOOL SHOULD BE AWARE:
 Has the student ever been suspended Yes No If Yes Reason:

I hereby confirm that the above information given is true and to the best of my knowledge.

Dated in _____ <div style="display: flex; justify-content: space-around; width: 100%;"> City Day Month Year </div> Signature of Father/Guardian _____ Signature of Mother/Guardian _____ Name: (Please Print) _____	<p>FOR OFFICE USE ONLY</p> <hr/> Accepted by Iqra Islamic School <hr/> Name of School Administrator
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