

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 <table style="width:100%; border:none;"> <tr> <td style="border:1px solid black; width:15px; height:15px;"></td> <td style="border:1px solid black; width:15px; height:15px;"></td> <td style="border:1px solid black; width:15px; height:15px;"></td> <td style="border:1px solid black; width:15px; height:15px;"></td> <td style="border:1px solid black; width:15px; height:15px;"></td> <td style="border:1px solid black; width:15px; height:15px;"></td> </tr> <tr> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">M</td> <td style="text-align:center; font-size:8px;">M</td> <td style="text-align:center; font-size:8px;">D</td> <td style="text-align:center; font-size:8px;">D</td> </tr> </table>							Y	Y	M	M	D	D	PREVIOUS SCHOOL NAME	ADDRESS
Y	Y	M	M	D	D									

GRADE <input style="width:30px;" type="text"/>	GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
--	--------	-------------------------------	---------------------------------

ADMISSION DATE <table style="width:100%; border:none;"> <tr> <td style="border:1px solid black; width:15px; height:15px;"></td> <td style="border:1px solid black; width:15px; height:15px;"></td> <td style="border:1px solid black; width:15px; height:15px;"></td> </tr> <tr> <td style="text-align:center; font-size:8px;">YEAR</td> <td style="text-align:center; font-size:8px;">MONTH</td> <td style="text-align:center; font-size:8px;">DAY</td> </tr> </table>				YEAR	MONTH	DAY	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
YEAR	MONTH	DAY									

PRIMARY LANGUAGE SPOKEN AT HOME	FAMILY DOCTOR'S NAME	DOCTOR PHONE NUMBER	HEALTH CARD NO.
---------------------------------	----------------------	---------------------	-----------------

EMERGENCY CONTACT IF PARENT CAN'T BE REACHED NAME	PHONE NO.	NAME	PHONE. NO
--	-----------	------	-----------

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"/> 5 - OTHER <input type="checkbox"/> 2 - MOTHER ONLY <input type="checkbox"/> 4 - GUARDIAN

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	Available at Work
		Business Phone Number Ext.	<input type="checkbox"/>

GUARDIAN NAME	Home Phone Number	Available at Work
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; font-size: 8px;"> City Day Month Year </div> _____ Signature of Father/Guardian	<div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;">FOR OFFICE USE ONLY</div> _____ Signature of Mother/Guardian
_____ Name: (Please Print)	_____ Name: (Please Print)
_____ Accepted by Iqra Islamic School	
_____ Name of School Administrator	