AL-AZHAR ACADEMY OF CANADA
2074 Kipling Ave. Etobicoke, Ontario M9W 4J4
Tel: 416.741.3420 Fax: 416.741.5143 E-mail: academy.azhar@gmail.com

Student Registration Form

Student Information:

Legal Name: _____
Surname First Name Middle Name

Gender: Male ☐ Female ☐ Date of Birth: _ _ _ _ /____ / _ _
Y Y Y Y Month D D

Grade: _____

Does the student have relatives in the school: Yes ☐ No ☐

If the student has relatives in the school, please list them: 1) _____
Surname First Name

2) _____ 3) _____
Surname First Name Surname First Name

Home Address: _____
Street No. and Name Apt. # City Postal Code

Mailing Address: _____
(If different from above) Street No. and Name Apt. # City Postal Code

Home Phone Number: ( ) _____
Area Code

Other Phone Number: ( ) _____ Type: _____
Area Code (e.g. cell, pager, etc)

Health Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Version No.

Immunization Record: Yes ☐ No ☐

Birth Country: _____ Status in Canada: _____

First Language: _____ Language(s) spoken at home: _____

Previous School Information:

Previous School Attended: _____

Phone Number: ( ) _____ Last Date Attended: _ _ _ _ /____ / _ _
Area Code Y Y Y Y Month D D

Primary contacts (Mother/ Father / Guardian)

Mother's name: _____ Contact Number: ( ) _____
Area Code

Business Phone Number: ( ) _____ E-Mail Address: _____
Area Code

Address: _____
Street No. and Name Apt. # City Postal Code

Father's name**:** _____ Contact Number: ( ) _____
Area Code

Business Phone Number: ( ) _____ E-Mail Address: _____
Area Code

Address: _____
(If different from above) Street No. and Name Apt. # City Postal Code

Emergency Contact

Name: _____ _____ _____ _____ Male ☐ Female ☐

Student Relationship: _____ Home Phone Number: ( ) _____
Area Code

Cellular Phone Number: ( ) _____ Business Phone Number: ( ) _____
Area Code Area Code

Address: _____
Street No. and Name Apt. # City Postal Code

Family Physician:

Name: _____ _____ _____ _____ Male ☐ Female ☐

Phone Number: ( ) _____
Area Code

Health Concerns of Which the school should be aware:

_____

Signature of Parent or Guardian: _____ **Date:** _ _ _ _ /____ / _ _
Y Y Y Y Month D D