

## AL-AZHAR ACADEMY OF CANADA

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## **Student Registration Form**

Student Informati	on:				
Legal Name:	Surname	First Name		Middle Name	
Gender: Male	Female $\square$		Date of Birth:	/// Y Y Y Y Month D D	
Grade:				YYY Month DD	
Please choose (One)	program you are appl	ying for:			
> Academic (incl	udes Arabic, Quran Isla	mic Studies)			
<ul><li>Full-time Qura</li></ul>	n Hifz (Memorization)	Program			
Does the student have	relatives in the school:	Yes □ No □			
If the student has relate	ives in the school, please	e list them: 1)	Surname	First Name	
2)	First Name	3)			
Surname	First Name		Surname	First Name	
Home Address:					
St	reet No. and Name	Apt. #	City	Postal Code	
Home Phone Number	: ()Area Code				
Other Phone Number:	( )	Ту	pe:(e.g. cell, pa		
	Area Code		(e.g. cell, pa	ager, etc)	
Health Card Number:		Version No.			
Immunization Record:	Yes No No	version No.			
Birth Country:		Status in Canada:			
First Language:		Language(s) spoken at home:			

## **Previous School Information:** Previous School Attended: Phone Number: ( ) Last Date Attended: \_\_\_ / \_ \_ / \_ \_ Primary contacts (Mother/ Father / Guardian) Mother's name: \_\_\_\_\_ Contact Number: ( )\_\_\_\_\_ Business Phone Number: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_ Address: \_\_\_\_\_ Street No. and Name Apt. # City Postal Code Father's name: \_\_\_\_\_ Contact Number: ( ) \_\_\_\_\_ Business Phone Number: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_ Address: \_\_\_\_\_ **Emergency Contact** Name: \_\_\_\_\_ Male Female Student Relationship: \_\_\_\_\_ Home Phone Number: ( ) \_\_\_\_\_ Cellular Phone Number: ( ) \_\_\_\_\_ Business Phone Number: ( ) \_\_\_\_\_ Street No. and Name City Apt. # Postal Code Family Physician: Male Female Name: \_\_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ Health Concerns of Which the school should be aware: Signature of Parent or Guardian: