



AL-AZHAR ACADEMY OF CANADA

2074 Kipling Ave. Etobicoke, Ontario M9W 4J4

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www.alazhar.ca

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: _____

Please choose (One) program you are applying for:

- Academic (includes Arabic, Quran Islamic Studies)
- Full-time Quran Hifz (Memorization) Program

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) _____
Surname First Name

3) _____
Surname First Name

Home Address: _____
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: _____
