



**REGISTRATION FORM 202\_ - 202\_**

**Part A: Student Information**

|                            |                                  |                                    |                  |   |             |
|----------------------------|----------------------------------|------------------------------------|------------------|---|-------------|
| Last Name                  |                                  | First Name                         |                  | Middle Name   |             |
| Date of Birth (MM/DD/YYYY) | Male<br><input type="checkbox"/> | Female<br><input type="checkbox"/> | Country of Birth | <input type="checkbox"/> Citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Landed <input type="checkbox"/> Student Visa<br>Date of entry to Canada (MM/DD/YYYY) _____ |             |
| Address – Street           |                                  | Apt #                              | City             | Province  | Postal Code |

**Part B: Parents Information**

|                                     |                           |                                     |                           |
|-------------------------------------|---------------------------|-------------------------------------|---------------------------|
| Guardian 1 (Father)                 |                           | Guardian 2 (Mother)                 |                           |
| Last Name                           | First Name                | Last Name                           | First Name                |
| Guardian 1 Email                    |                           | Guardian 2 Email                    |                           |
| Address (if different from student) |                           | Address (if different from student) |                           |
| Cell Phone Number                   | Home or Work Phone Number | Cell Phone Number                   | Home or Work Phone Number |

**Part C: Emergency Contacts (other than parents)**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Part D: Academic Information**

|  |                                |       |      |
|--|--------------------------------|-------|------|
| Name of School Last Attended   | Address of the School Attended | Grade | OEN# |
| Previous country of schooling (if applicable)  |                                |       |      |
| Background in Qur'an, Arabic and Islamic Studies   |                                |       |      |
| Qur'an: Child knows how to read: <input type="checkbox"/> Ahsan-el-Qawaid <input type="checkbox"/> Juz 1 – 30 <input type="checkbox"/> Does not know how to read the Qur'an<br>Arabic: Child is able to: <input type="checkbox"/> speak <input type="checkbox"/> read <input type="checkbox"/> write <input type="checkbox"/> Very basic knowledge of Arabic <input type="checkbox"/> No knowledge of Arabic<br>Islamic Studies: _____ |                                |       |      |

### Part E: Siblings at ISOC

Does the child have any sibling(s) at ISOC?  Yes  No

First Name

Last Name

First Name

Last Name

### Part F: Medical Information

Health Card #

Exp.

Name of Family Physician

Phone Number

Medical History

Medical Conditions (Asthma, Diabetes, etc.):  Yes  No Behavioural /cognitive disorders: (ADHD, Asperger's, dyslexia, etc.):  Yes  No

If yes, please describe if necessary \_\_\_\_\_

Does your child have any allergies?  Yes  No If yes, please list them as well as any symptoms or reactions \_\_\_\_\_

What counter-measures need to be taken if an allergic reaction occurs? \_\_\_\_\_

Is your child on a restrictive diet? If so, which one? \_\_\_\_\_

Is your child receiving any medication on a continuous basis? \_\_\_\_\_

If yes, please list names and reason(s) for medication \_\_\_\_\_

### Part G: Additional Information

### Part H: Signatures

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

### *For Office Use Only*

Entrance exam date: \_\_\_\_\_ Entrance Fee paid: \_\_\_\_\_ Receipt No. \_\_\_\_\_

Date admitted to ISOC: \_\_\_\_\_ Grade: \_\_\_\_\_ Records updated:  Maplewood  Collection Status

Notes: \_\_\_\_\_ Student Number: \_\_\_\_\_