



The International School of Cambridge
1550 Dunbar Road, Cambridge, ON N1R 8J5

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- ☐ High School
☐ Hifz Program
☐ Elementary School

REGISTRATION FORM 202 – 202

Part A: Student Information

Last Name		First Name		Middle Name	
Date of Birth (MM/DD/YYYY)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Country of Birth	<input type="checkbox"/> Citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Landed <input type="checkbox"/> Student Visa	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

Elementary School Graduated From	Date Elementary School Completed
Background in Qur'an, Arabic and Islamic Studies	
Qur'an: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
Arabic: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
Islamic Studies: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	

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: _____