

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ اللَّهُمَّ صَلِّ عَلَى مُحَمَّدٍ وَآلِ مُحَمَّدٍ

# REGISTRATION FORM

Academic Year 2026 – 2027

## Student Information

First Name	Middle Name	Last Name	
Date of Birth	Registering in Grade		

## Residential Address

Street	City	Province	Postal Code
--------	------	----------	-------------

## Mother/Legal Guardian 1 Information

First Name	Middle Name	Last Name	
Phone Number	Email Address		
Residential Address (if different from student): Street, city, province, postal code			

## Father/Legal Guardian 2 Information

First Name	Middle Name	Last Name	
Phone Number	Email Address		
Residential Address (if different from student): Street, city, province, postal code			

## Emergency Contacts

Full Name	Relationship	Phone Number
Full Name	Relationship	Phone Number

## Education History (if applicable)

Previous School Name	Previous Grade
----------------------	----------------

## Medical Information

Health Card Number	Expiry Date
Medical Conditions (e.g., seizures, diabetes, vision, hearing)	
Behavioral/Cognitive Disorders (e.g., ADHD, Asperger, Dyslexia)	
Allergies/Restrictive Diet (specify)	
Continuous Medication (specify)	
Other (specify)	

Date (yyyy/mm/dd): \_\_\_\_\_

Signature: \_\_\_\_\_