



School of Islamic Legacy Canada

Teaching Legacy Of Peace

School Year:

OFFICE USE ONLY

Students Registered for:

Date Registered: Starting Date:

Level Assigned:

Approved By

Principal:

Islamic Education

Urdu Classes

Fiqh Classes

Arabic Classes

Qira'at O Nasheed

STUDENT INFORMATION

Name First: Middle: Last:

Home Address:

City: Province: Postal Code:

Date of Birth
Year: Month: Date: Age:

Gender: Male Female

PARENT/GUARDIAN INFORMATION

Father / Guardian

Name:

Home Tel.:

Cell:

Email:

Occupation:

Mother / Guardian

Name:

Home Tel.:

Cell:

Email:

Occupation:

EMERGENCY CONTACT INFORMATION

#1 Name: Relationship: Tel:

#2 Name: Relationship: Tel:

STUDENT MEDICAL /HEALTH INFORMATION

Family Physician Name: Tel:.....
Physician Address:.....
Health Card Number (OHIP)

Medical Conditions/ Allergies (Please List) 1.
2.
3.

Is the student taking any medication on a regular basis? Yes No

If yes, please indicate:

Is the student fit to participate in sports and physical exercise? Yes No

If no, please explain:

Please indicate any other medical conditions we should be aware of (if any)

.....
.....

PARENTAL CONSENT FOR EMERGENCIES

In the event of any injury requiring medical attention, I hereby grant permission to SILC to share any information listed within this form with the supervising teacher, staff or medical personnel in order to attend to my child during school hours. I understand the every effort will be made to contact me, however, if the injury warrants emergency medical attention and I am unreachable, I grant permission to SILC school for necessary medical treatment to be given, including permission to transport my child/children to nearest medical facility.

Parent / Guardian Signature Date:

E-MAIL ATUORIZATION

Please Add My E-mail Address To The School's Mailing List To Receive Important School Announcements And Updates.

Contact:

Tariq Ghorl	416.953.3984	Zeelaf Fatima	647.877.7221
Naureen Saeed	647.891.7734	Saeed Zafar	416.875.7734