

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ اللَّهُمَّ صَلِّ عَلَى مُحَمَّدٍ وَآلِ مُحَمَّدٍ

REGISTRATION FORM

Academic Year 2025 – 2026

Student Information

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

Residential Address

Street	City	Province	Postal Code
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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
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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: _____