



London Islamic School Student Information & Registration Form 2010/2011



Student Information			
Last Name:		First Name:	
Legal Name (if different from above):			
Street Address:		Apartment Number:	
City:	Province:	Postal Code:	
Home Telephone #: () -		Email address:	
DoB Year:	DoB Month:	DoB Day:	Gender: Male ___ Female ___
Primary Guardian Information			
Title:	Relationship:	Last Name:	First Name:
Employer Name:		Business Phone: () -	Cell Phone: () -
Secondary Guardian Information			
Title:	Relationship:	Last Name:	First Name:
Employer Name:		Business Phone: () -	Cell Phone: () -
Personal Information			
Spoken Language:	Emergency Contact Name:	Telephone: () -	
Family Doctor:	Telephone: () -		
Ontario Health Card #:			
School Tuition Payment Schedule			
Automatic Withdrawal ___		Post-dated cheques ___	Semi-Annually ___
Guardian/Parent Name:		Signature:	Date:
School Use Only			
Grade:	Student #:	Homeroom:	Teacher:
Registration Date:		Admission Date:	
Student Status:		Last School Name:	
New Student: LIS Returning Student:			
Address:		City:	Province:
Country:	Date Records Requested:		
Birth date Verification: Birth Certificate ___ Passport ___ Other ___			Signature:

NOTE: (1) It is the parent's responsibility to provide the school with written notification of any changes and access to the above information. **(2)** Parents are responsible for all the financial dues set by the school and must abide by the school regulations and policies regarding all academic and disciplinary affairs. **(3)** Students will be placed in ESL or Arabic classes as the school deems necessary. **(4)** Personal information on this form is collected under the authority of the Education Act R.S.). 1980, C.129. It will be used for educational, health and welfare purposes affecting the student. **(5)** A copy will be given to the classroom teacher.