



Sayyidah Fatemah Islamic School, Milton

School Year/Grade:

Application for Class

- | | | | |
|--------------------------|---------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Islamic Studies | <input type="checkbox"/> | Sister's Fiqh Class |
| <input type="checkbox"/> | Hadith & History
Class | <input type="checkbox"/> | Brother's Class |

Student Information

First Name:	<input type="text"/>		
Middle Name:	<input type="text"/>		
Last Name:	<input type="text"/>		
Home Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip Code:	<input type="text"/>		

Date of Birth			Gender	Male	<input type="checkbox"/>
Year	Month	Day		Female	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>			

Parent/Guardian Information

Father/Guardian		Mother Guardian	
Name:	<input type="text"/>	Name:	<input type="text"/>
Cell:	<input type="text"/>	Cell:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>
Occupation:	<input type="text"/>	Occupation:	<input type="text"/>

Emergency Contact Information

Name:	<input type="text"/>	Name:	<input type="text"/>
Cell:	<input type="text"/>	Cell:	<input type="text"/>
Relationship:	<input type="text"/>	Relationship:	<input type="text"/>

Student Medical/Health Information

Family Physician Name:	<input type="text"/>
Physician's Address:	<input type="text"/>

Family Physician Phone:		OHIP Card No:	
Medical Conditions/Allergies			
Please list if the student has any Medical Conditions or any Allergies			
Is the student taking any regular medication on a regular basis?		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
If yes, please indicate list of medication			
Is the student has IEP (Individual Education Plan)?		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
If yes, please share detail			
Please indicate of any other medical condition we should be aware of (if any)			

Parental Consent for Emergencies	
<input type="checkbox"/>	In the event of any injury requiring medical attention, I hereby grant permission to Sayyidah Fatemah Islamic Centre to share any information listed within this form with the supervising teacher, staff, or medical personnel in order to my child during school hours. I understand the very effort will be made to contact me, however, if the injury warrants emergency medical attention and I am unreachable, I grant permission to Sayyidh Fatemah Islamic School for necessary medical treatment to be given, including permission to transport my child/children to nearest medical facility.
<input type="checkbox"/>	As a parent or guardian of this student, I hereby consent to the use of photographs/video taken during the school year for educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources).

Parent's/Guardian's Signature:			
Date:		City:	

<input type="checkbox"/>	Please Add my E-mail Address to the school Mailing list to receive Important School Announcements and update.
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Please contact below for more information about the school	
Saeed Zafar: 416-875-7734	Noreen Saeed: 647-891-7734

www.miltonmosque.com
