AGINCOURT MUSLIM ASSOCIATION

3609B Sheppard Ave E. Scarborough, Ontario, M1T 3K8 (416) 901-9659
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NAMIRA MUSALLAH

EVENING MADRASSAH REGISTRATION FORM

STUDENT INFORMATION:

Student's Official Name: _ _ ___ _ ___ _ ___ _ ___ _ ___ _ ___ _ ___ ___ _ ___ _ ___ _ ___ _ ___ _ ___
(First Name) (Middle Name) (Last Name)

Father's Official Name: _ _ ___ _ ___ _ ___ _ ___ _ ___ _ ___ _ ___ ___ _ ___ _ ___ _ ___ _ ___ _ ___
(First Name) (Middle Name) (Last Name)

Mother's Official Name: _ _ ___ _ ___ _ ___ _ ___ _ ___ _ ___ _ ___ ___ _ ___ _ ___ _ ___ _ ___ _ ___
(First Name) (Middle Name) (Last Name)

Current Address: _ _ ___ _ ___ _ ___ _ ___ _ ___ _ ___ _ ___ Apt.#: _ _ ___ _ ___ Buzzer #: _ ___ _

City: ___ _ ___ _ _____ Postal Code: ___ _ ___ _ ___Home #:___ _ ___ _ ___Cell #: ___ _ ___ _ _ ___

E-Mail: ___ _ ___ _ _____ _ ___ _ ___Date of Birth:_ _ _ _ _ _ _ _ _ _ _ _ _Age: Gender: Male: ☐ Female: ☐
(DD/MM/YYYY)

Health Card #: _ _ ___ _ ___ _ ___ _ ___ _ ___ _ ___ _ ___ _ _Expiry date:_ _ _ _ _ _ _ _ _ _ _
DD/MM/YYYY)

Does the child have any health issues or allergies? If yes, specify _____

_____

EMERGENCY CONTACT INFORMATION:

Name_ _ ___ _ ___ _ ___ _ _ _ ___ _ ___ _ ___ _ Relationship with the student: _ _ ___ _ ___ _ ___ _

Home#: _ _ ___ _ ___ _ ___ ___ _ ___ _ ___ _ Cell#: _ _ ___ _ ___ _ ___ ___ _ ___ _ ___ ___ _ ___

Parent/Guardian Signature: ___ _ ___ ___ _ ___ _ ___ _ Mother: ☐ Father: ☐ Other: ☐ (specify) ___ ___ _

Date: ___ ___ _ ____ ___ _ ___
(DD/MM/YYYY)

Note: If you have any questions, please Call (416) 901-9659 or contact AMA management.

Jazakallah Khair.