

STUDENT INFORMATION

First Name:	Middle Name:	Last Name:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Date (YYYY-MM-DD):	Country of Birth:
Entering Grade:	Previous Grade:	Previous School:
Address:	City:	Province:
Postal Code:	Telephone:	Email:

PARENTAL INFORMATION

Father's Full Name:	Home Phone: Work Phone:	Cell. Phone: Email:
Address (if different from above):		
Mother's Full Name:	Home Phone: Work Phone:	Cell. Phone: Email:
Address (if different from above):		

EMERGENCY INFORMATION

Emergency Contact Name:	Relationship to Student:	Telephone:
Emergency Contact Name:	Relationship to Student:	Telephone:

MEDICAL INFORMATION

Health Card Number:	Family Physician:	Telephone:
Family Physician Address:	Allergies, Health or Medical Concerns, Food Restrictions:	

OTHER INFORMATION

Citizenship: Canadian <input type="checkbox"/> Other (please specify) _____	Does your child require transportation? Yes <input type="checkbox"/> No <input type="checkbox"/> Cost: \$50 per child every month *Based on availability and area of residence
Languages Spoken at Home: 1)_____ 2)_____ 3)_____	

Important

- ◆ The operation of Saskatoon Misbah School relies on donations and fees. **Fees are due at the beginning of each month.**
- ◆ Please enclose a \$40 non-refundable fee per child which includes an optional annual \$10 membership fee for Saskatoon Misbah School for both parents. Additional children requires \$30 per registration. Applications **will not** be accepted unless forms are completed and registration fees enclosed. Cheques can be made payable to: **Saskatoon Misbah School**
- ◆ All parents are required to go to the school website and read the student handbook. The web address: www.misbah.sk.ca

I have read the student handbook and have understood and agreed to abide by the policies therein (please tick the box).

Name of Parent: _____ Signature: _____ Date: _____

For Office Use Only:

- Registration form completed and signed. Registration fee paid (cash or cheque). Membership fee paid.
 Photocopy of birth certificate attached (applies to KG only). Date Application Received (YYYY-MM-DD): _____