



Ahlul-Bayt Islamic School

200 Baribeau Street

Ottawa, Ontario, K1L 7R6

Tel 613-526-0774

Fax 613-526-6057

Email info@abischool.com

Web www.abischool.com

(For Office Use Only)

App. rcv'd by _____

Date rcv'd _____

Application is complete

Allergies part completed

All signed where required

Tuition Contract is complete

Registration Fee received

Cash Payments selected

of post-dated Cheques receive _____

Bus service required Yes No

Bus contract provided Yes No

Note _____

Student Application Form Returning Students

Please complete all sections

STUDENT INFORMATION

For your child's safety, please make sure to update the office when this information changes.

Student's Name _____
First Middle Last

Mailing Address _____
Street Apartment No.

City Province Postal Code

Date of Birth Year _____ month _____ day _____ Place of Birth _____

Gender Male Female Primary Language _____

Allergies: _____

PARENTAL INFORMATION

For your child's safety, please make sure to update the office when this information changes.

Parent #1 Full Name _____

Mailing Address _____

Telephone. Home _____ Work _____ Cell _____

Marital Status Single Married Separated Divorced Widowed

Parent #2 Full Name _____

Mailing Address _____

Telephone. Home _____ Work _____ Cell _____

Marital Status Single Married Separated Divorced Widowed

Legal Guardian(s): Mother Father

EMERGENCY CONTACTS

For your child's safety, please make sure to update the office when this information changes.

Contact #1 _____
Full Name _____ Relationship to student _____

Telephone. Home _____ Work _____ Cell _____

Contact #2 _____
Full Name _____ Relationship to student _____

Telephone. Home _____ Work _____ Cell _____

EMERGENCY TRANSPORTATION

Students are directed to report to the supervising staff in case of an emergency or if they are injured. When required, school authorities will give first aid. If the school is unable to reach the parents, or authorized persons, as per the personal information sheet, and the situation warrants an ambulance, one will be called. However, parents are responsible for any ambulance expenses. In the absence of parents, an adult will accompany the student from this school of he/she must be transported by ambulance.

We/I understand that we/I will be responsible for any ambulance expenses if the school decides to transport our/my child by ambulance.

Signature of Parent

Date

