



International School of Cambridge

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Registration Form 2017-18

Part A: Personal Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Student Last Name	Student First Name	Student Middle Name	Birth Date (YYYY/MM/DD)	M/F	Home Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Unit/ Apt.	City	Province	Postal Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's Last Name, First Name	Work Phone	Name of Employer	Cell Phone	Email address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's Last Name, First Name	Work Phone	Name of Employer	Cell Phone	Email address	

Student Country of Birth: ___ Citizen ___ Landed ___ Refugee ___ St. Visa ___ Date of entry to Canada _____ (YYYY/MM/DD)

Part B: Academic Information

Entry to Elementary School in Canada _____ Grade entered elementary school: _____
 School attended in June 2017 _____ yyy/mm/dd Grade in June 2017: _____ Grade in Sep. 2017: _____
 School Address (Other than ISOC) _____

Background in Quran, Arabic, and Islamic Studies:
 Quran: _____ knows how to read: _____ Ahsan - el - Qawaid Juz 1 - 30
 Arabic: _____ Is able to: _____ speak read write
 Islamic Studies: _____

Part C: Medical Information

Health Card # _____ Medical Conditions: (Asthma, Diabetes, Allergies, etc.) Yes ___ No ___
 If yes, Please describe if necessary _____
 Family Physician: _____ Phone: _____
 Physician's Address: _____

Part D: Emergency Contacts (other than parents)

- Name: _____ Relation: _____ Phone: _____
- Name: _____ Relation: _____ Phone: _____

Part E: Transportation Arrangements

(Check One)

Bus: AM / PM

Drop Off/Pick Up _____

If Drop Off/Pick Up: (List names of persons) _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Principal: _____ Date: _____

For Office Use Only Grade at ISOC _____ Student # _____

Notes: _____