



AL-RASOUL SUNDAY SCHOOL REGISTRATION FORM

STUDENT INFORMATION

First Name: _____ Last name: _____ Male Female

Date of Birth: ____/____/____ Email: _____

Special Needs (if any): _____, Immunization Status: _____

Signature (for 12 years old or more): _____

Name(s) of Kin(s) (if any):

1- _____

2- _____

3- _____

PARENT/GUARDIAN

Name: _____ Relationship: _____

Address: _____ City: _____ Postal Code: _____

Home #: (_____) _____ Work/Cell #: (_____) _____

Email: _____

I understand that Al-Rasoul Islamic Society will ensure a safe environment for my family member(s), but will not liable for the injury or ailment of my family member.

Signature: _____, Signed in: _____, Date: _____

EMERGENCY CONTACT (not parents)

Emergency Contact Name: _____ Phone Number: (____) _____

Address: _____ City: _____ Province: _____ Postal Code: _____

____ (Official Use) _____

Enrollment No: _____, Enrollment Group/Level: _____

Peer Teacher (if applicable): _____