



Al-Husayni Madressa
A DIVISION OF THE ISLAMIC HUMANITARIAN SERVICE

Islamic Humanitarian Service
Phone #: 519-576-7111
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Principal: Shama Murtaza

REGISTRATION FORM 2018 - 2019

File Number: _____

Student Information

| Name of Parent/Guardian: | | | | |
|--------------------------|--------------|-----|--------------------|-----------|
| Home Address | | | | |
| Telephone # | | | | |
| E-Mail Address | | | | |
| Emergency Contact Info | | | | |
| Child/Children Names | Gender (F/M) | Age | Health Card Number | Allergies |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

Payment Information

Number of Children: _____ x **\$150.00** (per child) = \$ _____

Fees Paid by: CASH CHEQUE CREDIT OR DEBIT CARD

SIGNATURE OF PARENT: _____

APPROVED BY PRINCIPAL: _____

Note: Kindly inform the staff for any allergies that your child may have. Thanks

This Form is Due by September 11th, 2018