

REGISTRATION FORM • STUDENT INFORMATION

Student Name – First: _____ Last: _____

Parent Name – First: _____ Last: _____

Tel (Home): _____ (Mobile): _____

Address: _____

Date of Birth: _____ Age: _____ Gender (circle): M / F

Emergency Contact (Name): _____ Tel: _____

Health Information/Allergies

Doctors Name: _____ Tel: _____

Health Card Number: _____ Other: _____

Does your child have any special medical conditions that the school needs to be aware of?
If yes please use the space below to explain.

Terms and Conditions

In registering my child for the TROID Islaamic Academy, I understand that

- My child must maintain punctual attendance at the school, that he/she will be collected promptly after school (additional child care fees may be applicable for constant lateness or expulsion)
- That he/she must be clean and tidy and use good language and conduct
- That he/she will respect teachers, instructors and other staff at all times or face expulsion
- Any damage/harm to other students, property of the Islamic centre etc. is the financial responsibility of the child's guardian
- Payments are non-refundable and must be submitted within timelines to ensure registered status

Guardian Signature: _____ Date: _____



TROID Islamic Academy

Masjid al-Furqān at TROID

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