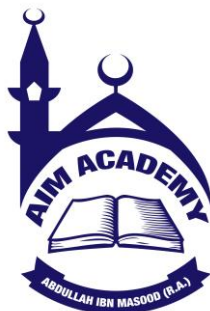


IN THE NAME OF ALLAH THE MOST BENEFICENT THE MOST MERCIFUL



AIM ACADEMY

10 Vulcan St., Etobicoke, ON M9W 1L2
TEL: (416) 244-8600 • FAX: (416) 244-0059

REGISTRATION FORM

INSTRUCTIONS

- **Register only ONE child per form**
 - **Attach the following documents to the completed registration form:**
 - **A copy of the student's birth certificate or other source of verification**
 - **The student's record of immunization**
 - **Two passport size photos taken recently**
 - **A copy of the student's last report card from the last school attended (Gr. 6-8 students only) or**
A copy of the student's latest transcript from the last school attended (Gr. 9-12 students only)
 - **Complete the form in its entirety to ensure the student is properly registered**
 - **Bring completed registration form, registration fee and first month's tuition fee to the school in person**
-



THIS FORM IS PROTECTED WHEN COMPLETED

AIM ACADEMY

10 VULCAN STREET, ETOBICOKE, ONTARIO, CANADA M9W 1L2
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SECTION 1 APPLICANT'S PERSONAL INFORMATION		
Last Name	Middle Name	First Name
Complete Address		
Date of Birth (yyyy/mm/dd)	Country of Birth	Date of Arrival in Canada
Registration for Grade:	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	
Father's Name	Tel. Home	Tel. Work
Mother's Name	Tel. Home	Tel. Work
Student lives with:	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Guardian	
Guardian's Name	Tel. Home	Tel. Work
Name of Last School Attended	Last Grade Completed	
School Address	Tel. No.	
SECTION 2 MEDICAL INFORMATION		
Family Doctor	Tel. No.	
Student Health Card Number		
Please list any health problems the student may have (i.e. allergies, asthma)		
In case of an emergency, the school should contact:		
Name	Relationship to Student	
Address	Tel. No.	
<i>Please sign and date your registration form below before submitting to AIM Academy. Jazak Allah Khair.</i>		
Parent Signature	Date (yyyy/mm/dd)	

SECTION 3 FOR OFFICE USE ONLY		
Applicant	Grade	Student Number
<input type="checkbox"/> Registration fee paid in full <input type="checkbox"/> First month's tuition fee paid in full	Date (yyyy/mm/dd)	