## Saskatoon Misbah School – Student Application Form

STUDENT INFORMATION		
First Name:	Middle Name:	Last Name:
Male □ Female □	Birth Date (YYYY-MM-DD):	Country of Birth:
Entering Grade:	Previous Grade:	Previous School:
Address:	City:	Province:
Postal Code:	Telephone:	
PARENTAL INFORMATION		
Father's Full Name:	Home Phone: Work Phone:	Cell. Phone: Email:
Address (if different from above):		
Mother's Full Name:	Home Phone: Work Phone:	Cell. Phone: Email:
Address (if different from above):		
EMERGENCY INFORMATION		
Emergency Contact Name:	Relationship to Student:	Telephone:
Emergency Contact Name:	Relationship to Student:	Telephone:
MEDICAL INFORMATION		
Health Card Number:	Family Physician:	Telephone:
Family Physician Address:	Allergies, Health or Medical Concerns, Food Restrictions:	
OTHER INFORMATION		
Citizenship: Canadian ☐ Other ( Languages Spoken at Home: 1)	please specify)3)	Does your child require transportation?  Yes No Cost: \$75 per child every month  *Based on availability and area of residence
Important		
<ul> <li>The operation of Saskatoor month.</li> <li>Please enclose a \$60 non-rough Misbah School for both particular will not be accepted unles Cheques can be made portal materials.</li> </ul>	efundable application fee per child rents with the first payment. Addition s forms are completed and applicat lyable to: <b>Saskatoon Misbah School</b>	and fees. Fees are due at the beginning of each which also covers membership fees for Saskatoon hal applications are also \$60 per child. Applications tions fees are enclosed.  ah.sk.ca and read the school policies.
☐ I have read the student handbo	ok and policy manual and agree to	abide by the policies therein (please tick the box).
Name of Parent: For Office Use Only:	Signature:	Date:
☐ Registration form completed and si	gned. ☐ Registration fee paid (cash /	cheque / card).   Membership fees paid for one/both.
☐ Photocopy of birth certificate attach	ned (applies to KG only) ■ Date Applic	ation Received (YYYY-MM-DD)