



Ottawa Islamic School

10 Coral Ave
 Nepean, Ontario
 Canada K2E 5Z6
 Telephone: (613) 727-5066
REGISTRATION FORM
 For Returning Students
 School Year 2019 - 2020

PARENTS / GUARDIAN INFORMATION

Father's last name	Middle Name	First Name		
Father's address with postal code	Home phone	Cell phone		
Mother's last name	Middle Name	First Name		
Mother's address with postal code	Home phone	Cell phone		
Mothers E-mail: _____ Fathers E-mail: _____				
Student lives with <input type="checkbox"/> Both parents <input type="checkbox"/> Mother alone <input type="checkbox"/> Father alone <input type="checkbox"/> Guardian (if yes please complete the following)				
Guardian's last name	Middle name	First name	Home phone	Work phone

Name	Relation to student	Telephone Number	Address
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In case of an emergency, the school should contact (other than parents or guardians)

FOR SCHOOL USE ONLY:

Date of Entry	Payer Name	Telephone Number
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❖ Please note that proof of address is required for returning students.

Parent / Guardian Signature: _____

Date: _____

Principal Signature: _____

Date: _____

OTTAWA ISLAMIC SCHOOL 2019/2020
Please write all students who will be attending the school.

Grade(s)	Student Name(s)	Male /Female	Date Of Birth (DOB)	Returning Student	New Student	Bus
JK						
SK						
Grade 1						
Grade 2						
Grade 3						
Grade 4						
Grade 5						
Grade 6						
Grade 7						
Grade 8						
Grade 9						
Grade 10						
Grade 11						
Grade 12						

PAYEE INFORMATION

Parent & Guardian: _____
(Please Print)
 Address: _____

Phone Number: _____
 Postal Code: _____

FOR FINANCE OFFICE ONLY

Type of Payment	<input type="checkbox"/> Yearly <input type="checkbox"/> Monthly
Cycle	<input type="checkbox"/> 20 th of each month
Direct Debit	<input type="checkbox"/> 1 st of each month
Monthly fees	\$
Registration fee	\$

Total: _____

Finance Signature: _____

Date: _____

Stamp: _____