



AL-RASHID  
ISLAMIC  
INSTITUTE

# STUDENT RE-REGISTRATION FORM

PLEASE TYPE IN  
BLOCK LETTERS

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**APPLICANT'S NAME (AS IN LEGAL DOCUMENTS)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**DATE OF BIRTH**

**GENDER**

**HEALTH CARD NUMBER**

Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Male  Female  \_\_\_\_\_

**ADDRESS**

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ Apt / Unit \_\_\_\_\_

Province / State \_\_\_\_\_ City \_\_\_\_\_ Postal / Zip Code \_\_\_\_\_

**CONTACT INFORMATION**

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

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**IMPORTANT**

**DO YOU HAVE ANY ALLERGIES OR MEDICAL CONDITIONS?**

Yes  No

Please Include Details: \_\_\_\_\_

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I certify that all statements on this application are correct and complete. I understand that my admission or registration is subject to cancellation at the sole discretion of the Institute.

By submitting this registration form, I agree to the rules, regulations and policies, as well as any additional requirements that may be imposed by the Institute.

I authorize the Institute to act as a legal guardian and make any decisions, including medical decisions on my behalf.

I understand that this application does not guarantee enrollment.