



**MASJID  
ZAKARIYA**  
333 Second St E  
CORNWALL, ON  
K6H 1Y8

# ISLAMIC SUMMER SCHOOL APPLICATION FORM

<b>OFFICE USE ONLY</b>	
Student#	_____
Admitted On:	_____
	(YYYY/MM/DD)
Left On:	_____
	(YYYY/MM/DD)

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

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

**FATHER'S / GUARDIAN'S NAME**

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

**MOTHER'S / GUARDIAN'S NAME**

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

**ADDRESS**

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

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

**DATE OF BIRTH**

**GENDER**

**HEALTH CARD NUMBER**

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

**CONTACT INFORMATION**

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

Email Address: Father's/Guardians' \_\_\_\_\_ Email Address: Mother's/Guardians' \_\_\_\_\_

**SCHOOL GRADE COMPLETED**

**ARE YOU FLUENT IN ENGLISH?**

Yes  No

## IMPORTANT

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

Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

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 administration of Masjid Zakariya. I understand that this application does not guarantee enrollment. I authorize the administration of Masjid Zakariya to act as a legal guardian and make any decisions, including medical decisions on my behalf.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent / \_\_\_\_\_ Date \_\_\_\_\_  
Guardian