



TALEEM REGISTRATION FORM

(Please Print)

STUDENT INFORMATION			
Student's last name:	First:	Middle:	Grade
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	School Name:	Birth date: / /	
Street address:		City:	Province
Postal Code	Cell #:	Home #:	Work #:
Email Address:			
HEALTH INFORMATION			
(Please give copy of student immunization record to the office)			
Doctor's Name:	Doctor's Phone #:	Health Card #:	
Any Medical concerns or allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please mention in detail:			
PARENTS INFORMATION			
Father's name:	Home #:	Cell #:	Work #:
Mother's name:	Home #:	Cell #:	Work #:
ANY SIBLINGS ATTENDING TALEEM			
Name of Sibling #1:	Level:	Name of Sibling #3:	Level:
Name of Sibling #2:	Level:	Name of Sibling #4:	Level:
IN CASE OF EMERGENCY			
Name of Emergency Contact #1 (not living at same address):	Relationship to student:	Home phone #: ()	Work phone #.: ()
Name of Emergency Contact #2 (not living at same address):	Relationship to student:	Home phone #: ()	Work phone #: ()
DECLARATION			
I understand and agree that Taleem shall not be held responsible for any medical costs incurred in any situation. I understand that I am financially responsible for any medical costs incurred. I agree to release and indemnify Taleem, its staff and volunteers from any injuries incurred to the applicant. Taleem reserves the right to cancel the registration if rules and policies of the school are not followed.			
Parent/Guardian signature			Date