**Update form**

**For previously enrolled students**

**Date: September 20\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Académie islamique du Manitoba / Islamic Academy of manitoba**

*École Sofiya School and Collège Sofiya*

academie-islamique@mts.net

(204) 231-4441

**Should any information provided on this form change during the school year, please notify the school.**

|  |  |
| --- | --- |
| Student’s Name *Given Names Family Name* | Home Phone Number |
| **Student’s Address** *Apt.* **/***Street* *City Province Postal Code* |
| **Student’s Date of Birth**Day Month Year | **Birth Place**\_\_\_\_Canada \_\_\_\_Other (please specify) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parents or Guardians** | Father | Mother | Guardian(s) |
| Given Names |  |  |  |
| Family Name (if different from the student’s family name) |  |  |  |
| *Home Phone Number (if different from the student’s phone number)* |  |  |  |
| *Home Address (if different from the student’s address)* |  |  |  |
| Career/Occupation |  |  |  |
| Phone Number where the school can reach the parent during the school day |  |  |  |
| E-mail |  |  |  |

**Name and age of student’s brothers and sisters**:

|  |  |  |
| --- | --- | --- |
| 1. | 3. | 5. |
| 2. | 4. | 6. |

**In case of emergency**, the school will first communicate with the parents or guardians of the student. Should the school be unable to reach them, please specify a person the school may call. The person designated will have the right to pick up your child at school.

|  |  |  |
| --- | --- | --- |
| Name  | Phone number  | Student’s relationship with this person |
|  |  |  |

**In all cases (emergency or not), the school will only let a student leave the school with the parents/legal guardian or with a person designated by the parents/ legal guardian.**  Please list the names of all persons who have your permission to pick up the student. You may add or eliminate names anytime during the school year, but will have to sign again.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of person who may pick up your child from school | Phone number of the person who may pick up your child | Parent signature | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please fill out page 2 of this form.

page 2 of Registration Form - **A**cadémie **I**slamique du **M**anitoba / **I**slamic **A**cademy of **M**anitoba : *École Sofiya*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Languages spoken**  | Student | Father | Mother | Guardian(s) |
| Arabic |  |  |  |  |
| *French* |  |  |  |  |
| *English* |  |  |  |  |
| Other(please specify) |  |  |  |  |
| Other(please specify |  |  |  |  |

**Specify any medical condition or physical handicap which the school should know about (for example, allergies, asthma, student uses a wheelchair, etc.) :**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manitoba medical numbers (family number and student’s number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of parents or guardian**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**