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## REGISTRATION FORM

<p><b>STUDENT INFORMATION</b></p> <p><b>First Name:</b> _____</p> <p><b>Last Name:</b> _____</p> <p><b>Gender:</b>      <input type="checkbox"/> Male      <input type="checkbox"/> Female</p> <p><b>D.O.B:</b> _____</p> <p><b>Grade In September:</b> _____</p> <p><b>Language Spoken:</b> _____</p> <p><b>Contact No.:</b> _____</p>	<p><b>PARENTS/GUARDIAN INFORMATION</b></p> <p><input type="checkbox"/> Mother    <input type="checkbox"/> Father</p> <p><b>Full Name:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>City:</b> _____</p> <p><b>Postal Code:</b> _____</p> <p><b>Home Phone:</b> _____</p> <p><b>Cell Phone:</b> _____</p> <p><b>E-Mail:</b> _____</p>
<p><b>EMERGENCY CONTACT (OTHER THAN PARENTS)</b></p> <p><b>Name:</b> _____</p> <p><b>Cell Phone NO.:</b> _____</p> <p><b>Home Phone NO.:</b> _____</p> <p><b>Email Address:</b> _____</p>	<p><b>STUDENT EDUCATION HISTORY</b></p> <p><b>Name of Present School:</b> _____</p> <p><b>School Address:</b> _____</p> <p><b>Special Needs (list if Any):</b> _____</p> <p>Has your child ever been suspended or expelled from school      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, please indicate grade level(s), school and reason:          _____</p>
<p><b>ACKNOWLEDGEMENT</b></p> <p>Registration is not complete until all forms, required documents and applicable registration fee are submitted. Parents will be formally notified of their child(ren) admission following successful completion of the admission assessment procedure.</p>	
<p>_____</p> <p style="display: flex; justify-content: space-between;"><b>Signature of Parent/Guardian</b>      <b>Date</b></p>	

