



ALBANIAN MUSLIM SOCIETY OF TORONTO INC.  
SHOQËRIA SHQIPTARE ISLAME E TORONTOS  
ADDRESS: 564 ANNETTE STREET TORONTO, ON, M6S 2C2  
TEL: (416) 763-0612  
E-MAIL: XHAMIA@ALBMUSLIM.CA | WEB: WWW.ALBMUSLIM.CA

## Student Registration Form

### Formulari i Regjistrimit të Nxënësve

#### Parent / Guardian Information // Informatat e Prindit / Kujdestarit

Mother / Nëna  Father / Babai  Other / Tjetër \_\_\_\_\_

First name / Emri		Family name / Mbiemri	
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#### Address details / Detajet e Adresës

Address / Adresa			
City / Qytetit		Province / Provinca	
Postal Code / Kodi Postar		Country / Shteti	
Telephone Number / Numri i Telefonit			
E-mail			

#### Student Information / Informatat e Nxënësit

First name / Emri	Family name / Mbiemri	Date of Birth / Data e Lindjes	Gender / Gjinia	Grade / Klasa	Medical Conditions / allergies Gjendja Shëndetësore / Alergjitë	Health Card Number (OHIP) Numri i Kartës së Shëndetit
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			

Please provide any other medical conditions we should be aware of! /  
Ju lutemi na tregoni për ndonjë informtaë tjetër Shëndtsore që ne duhet te kemi kujdesë!

#### PARENTAL CONSENT FOR EMERGENCIES

In the event of any injury requiring medical attention, I hereby grant permission to AMST to share any information listed within this form with the supervising teacher or staff in order to attend to my child during school hours. I understand that every effort will be made to contact me, however, if the injury warrants emergency medical attention, and I am unreachable, I grant permission to the AMST for necessary medical treatment to be given, including permission to transport my child to the nearest medical facility.

Parent Signature / Nënshkrimi i Prindërit		Date / Data	
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All information received will be treated in the strictest confidence by / Të gjitha informatat e pranuar do të ruhen me konfidencë të plotë nga  
Albanian Muslim Society of Toronto Inc. 564 Annette Street Toronto ON, M6S 2C2

#### FOR AUTHORISED PERSONNEL OF AMST ONLY!

AMST Membership has been verified

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Authorized Signature: \_\_\_\_\_ Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD) (MM) (YYYY) DD) (MM) (YYYY)