



Students Name:

..... / /
(Last) (First) (Middle)

Date of Birth:..... / / Male:.....Female:.....

YYYY MM DD

Country of Birth:..... Language Spoken at Home:.....

Home Address:.....

Home Tel #:..... Emergency Tel #:.....

Email:..... Health Card #:.....

Father' s:..... Mother' s Name:.....

Family Doctor' s Name & Tel #:.....

Allergies:.....

By signing this from I understand that only school staff and management will have access to the contained information, my full obligations to pay the full fee set by the school board and and to abide by the school rules and regulations. I also understand that all charitable, political, religious and social activities are not allowed within the school premises without prior permission from the school board

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Name of the Parent/Guardian

Signature

Date

As parent / guardian of.....

(child' s name)

I (we) understand and agree that ALIFBA Weekend School and staff, while taking all reasonable precautions to ensure the safety of students, will not be held liable by me (us) in the event of any personal injury or accident caused to my children) while he/she is at school at any time during a school day (including before and after school hours, before 10:00 AM and/or after 14:00 PM).

The school staff will do the utmost to ensure the safety of all children by implementing all precautions and measures to prevent any kind of accidents.

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Parent / Guardian Name

Signature of Parent/Guardian Date