

Windsor Islamic High School

1646 Alexis Road Windsor, ON N8Y4P4 Phone: 519 962-2555 info@wihs.ca

Registration / Admission Form										
Student's First Name	Middle Nam	e	Last name			Grade for Admission				
Name of School Completed Last Grade										
Date of Birth (mm/dd/yy):				Age (Ye	ars)					
Health Card Number:										
Student Requires:										
IEP: Other:				None:						
Father's Full Name:			Email Address:							
Cell Number:			Work Number:							
Mother's Full Name			Email address:							
Cell Number:			Work Number:							
Emergency Contact Name:			Phone Number:							
Student Personal Email Address:			Student Cell Number:							
Home Address (Street / House or Unit #)										
City	Province		Postal Code		Home Phone #					
Status in Canada	Citizen	Perm	anent Ro	esident		Visite	or			
Applied for Scholarship		Monthly Tuition Fee \$								
Signature of Parent:	Signature of	Signature of Principal:				Signature of Chairman:				
Date of Admission (mm/dd/yy)	:									