



# School of Islamic Legacy Canada

*Teaching Legacy Of Peace*

School Year: .....

## SILC FIQH CLASSES

### STUDENT INFORMATION

Name First: ..... Middle: ..... Last: .....

Spouse Name: .....

Home Address: .....

City:..... Province: .....Postal Code: .....

Contact Number: (.RES).....(CELL).....

Email Address: .....

Date of Birth .....  
Year: ..... Month: ..... Date: .....

Gender:  Male  Female

### EMERGENCY CONTACT INFORMATION

#1 Name: ..... Relationship: ..... Tel: .....

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