



London Islamic School School Records 2014-2015



Dear Parents

We will be contacting the school that your child attended last to request a copy of his/her records. Please fill in the form below and return it to the school as soon as possible.

Student Name: _____ Gender: _____ Date of Birth: _____

Name of Previous School: _____

Address: _____

City: _____ Province: _____

Telephone: _____ Fax (if known): _____

Last Grade Completed: _____ Student # (if applicable): _____

I hereby give permission for the London Islamic School to receive the records of my child's previous educational history.

Parent Signature: _____

Parent Name (please print)

Date

Request for Ontario School Records (school use only)

This is to inform you that _____

Was admitted to the London Islamic School on _____

Please forward the Ontario School Record to:

**The Principal
London Islamic School
151 Oxford Street West
London, Ontario
N6H 1S3
Telephone (519) 679-9920 Fax (519) 679-6842**

Principal

Date