



## OSR CONSENT FORM

Please forward the Ontario Student Record for the following student(s):

| STUDENT INFORMATION                     |  |  |  |                            |   |         |                            |         |  |
|---|--|--|--|----------------------------|---|---------|----------------------------|---------|--|
| First Name                              |  |  |  |                            | Middle Name   |         |                            |         |  |
| Last Name                               |  |  |  | Date of Birth (YYYY/MM/DD) |   |         | Grade                      |         |  |
| First Name                              |  |  |  |                            | Middle Name   |         |                            |         |  |
| Last Name                               |  |  |  | Date of Birth (YYYY/MM/DD) |   |         | Grade                      |         |  |
| First Name                              |  |  |  |                            | Middle Name   |         |                            |         |  |
| Last Name                               |  |  |  | Date of Birth (YYYY/MM/DD) |   |         | Grade                      |         |  |
| First Name                              |  |  |  |                            | Middle Name   |         |                            |         |  |
| Last Name                               |  |  |  | Date of Birth (YYYY/MM/DD) |   |         | Grade                      |         |  |
| <b>PARENT/GUARDIAN INFORMATION</b>      |  |  |  |                            | This form was completed by: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian |         |                            |         |  |
| First Name                              |  |  |  | Last Name                  |   |         |                            |         |  |
| Home Tel. No.                           |  |  |  | Work No.   Ext             |   |         |                            |         |  |
| Cell No.                                |  |  |  | Email Address              |   |         |                            |         |  |
| PREVIOUS SCHOOL INFORMATION             |  |  |  |                            |   |         |                            |         |  |
| Previous School Name                    |  |  |  |                            |   |         |                            |         |  |
| Address                                 |  |  |  |                            |   |         | Unit/Suite #               |         |  |
| City                                    |  |  |  | Province                   |   |         | Postal Code                |         |  |
| School Tel.                             |  |  |  | Principal Name             |   |         |                            |         |  |
| ATTENDING SCHOOL INFORMATION            |  |  |  |                            |   |         |                            |         |  |
| School Name                             | Academy for Learning Islamic Foundations in Canada (ALIF Canada) |  |  |                            |   |         | BSID                       | 882622  |  |
| Address                                 | 505 Ellesmere Road   |  |  |                            |   |         | Unit/Suite #               | 4       |  |
| City                                    | Scarborough  |  |  | Province                   | ON.   |         | Postal Code                | M1R 4E5 |  |
| School Tel.                             | 416-438-4141   |  |  | Principal Name             | Samina Khan   |         |                            |         |  |
| <i>ALIF Canada is a private school.</i> |  |  |  |                            |   |         |                            |         |  |
| TYPE OF INFORMATION REQUESTED           |  |  |  |                            |   |         |                            |         |  |
| Information Requested                   | Ontario Student Record (OSR)                                     |  |  |                            |   | Purpose | Transfer of Student Record |         |  |

The above mentioned student(s) has been enrolled in ALIF Canada. I hereby authorize the principal from the previous school to release my child's/childrens' Ontario School Record (OSR) and any other information, which you may deem pertinent and useful to ALIF Canada.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (YYYY/MM/DD)

The above mentioned student(s) has been enrolled in ALIF Canada. I hereby agree to accept responsibility for the record and to use, maintain, transfer and dispose of the record in accordance with the *Ontario Student Record (OSR): Guideline, 2000.*

\_\_\_\_\_  
Principal Name

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date (YYYY/MM/DD)