Office Use Only	
Date Received	Receipt No.

Re-Enrollment Form 2025-2026

Dear Parent/Guardian

We are excited to welcome your family back to Aflah Academy for the upcoming 2025/2026 school year! Re-enrolment ensures your child's continued place in our growing school community and helps us plan effectively for class sizes, staffing, and programming. Please complete this form in full and submit it by the indicated deadline to secure your child's spot. We look forward to another year of learning, growth, and shared success rooted in academic excellence and Islamic values.

Please return this form to the office by **June 30th, 2025**. If you do not return this form by **June 30th, 2025** we will assume that your child will not return to Aflah Academy for the 2025-2026 academic year.

GRADE 1 – GRADE 12

Child #1	First Name	Middle Name	Last Name	Current Grade
	☐ Returning to AA ☐ Transferring to Another School Name of School: _____ ☐ Transferring Out of Province/Country			
Child #2	First Name	Middle Name	Last Name	Current Grade
	☐ Returning to AA ☐ Transferring to Another School Name of School: _____ ☐ Transferring Out of Province/Country			
Child #3	First Name	Middle Name	Last Name	Current Grade
	☐ Returning to AA ☐ Transferring to Another School Name of School: _____ ☐ Transferring Out of Province/Country			
Child #4	First Name	Middle Name	Last Name	Current Grade
	☐ Returning to AA ☐ Transferring to Another School Name of School: _____ ☐ Transferring Out of Province/Country			
Child #5	First Name	Middle Name	Last Name	Current Grade
	☐ Returning to AA ☐ Transferring to Another School Name of School: _____ ☐ Transferring Out of Province/Country			

PRESCHOOL & KINDERGARTEN

Child # 1	First Name	Middle Name	Last Name	Current Grade
	Preschool: Preferred Program SELECT ONLY ONE ☐AM ☐PM		**Kindergarten: Preferred Program** ☐AM ☐PM	
Child # 2	First Name	Middle Name	Last Name	Current Grade
	Preschool: Preferred Program SELECT ONLY ONE ☐AM ☐PM		**Kindergarten: Preferred Program** ☐AM ☐PM	

Signature: _____

**Please note: Aflah Academy has the right to refuse any student's application for re-enrollment.*

PARENTS/GAURDIAN INFORMATION

Father	First Name	Middle Name	Last Name		
	Mailing Address		City	Province	Postal Code
	Home Telephone	Mobile Telephone	Work Telephone		(Extension)
	Email Address		Profession		☐ Business Owner
	Employer/Name of your Business				

Mother	First Name	Middle Name	Last Name		
	Mailing Address		City	Province	Postal Code
	Home Telephone	Mobile Telephone	Work Telephone		(Extension)
	Email Address		Profession		☐ Business Owner
	Employer/Name of your Business				

Date: _____

If any child/children is/are leaving Aflah Academy, please indicate the reason: _____