



The Quran Academy

School of Hifz and Islamic Studies

3024 Cedarglen Gate, Gulistan Road, Mississauga, ON L5C 4S3

Phone: (416) 400 9988

Registration Form

Student Information

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|---|--|------------------|-------------|---|--------------|------------------|--------|
| Legal Name - Last Name, First Name and Middle Names | | | | Name to be Used in School | | | |
| | | | | | | | |
| Date of Birth | | Country of Birth | | Gender | | Status in Canada | |
| d d - m m - y y y y | | | | M F | | | |
| Street # | | Street Name | | | | Apt. # | |
| | | | | | | | |
| Town/City | | Province | Postal Code | | Home Phone # | | Cell # |
| | | | | | | | |
| Custody (Father/Mother W/Notice/Father Only/Mother Only/etc.) | | | | Living With (Both Parents/Father/Mother/Legal Guardian/Grand Parents/Other) | | | |
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| Access (Father/Mother W/Notice/Father Only/Mother Only/etc.) | | | | Legal Guardian (Parents/Father/Mother/Grand Parents/Relative/Other) | | | |
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Parent or Guardian Information

| First Parent or Guardian (or Father) | | | | Second Parent or Guardian (or Mother) | | | |
|---|--|--------------|-------------|---|--|--------------|-------------|
| Relationship | | | | Relationship | | | |
| | | | | | | | |
| Name - Last Name, First Name and Middle Names | | | | Name - Last Name, First Name and Middle Names | | | |
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| Street Address | | | | Street Address | | | |
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| Town/City | | Province | Postal Code | Town/City | | Province | Postal Code |
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| Home Phone # | | Work Phone # | | Ext. | | Home Phone # | |
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| Cell # | | Pager # | | Ext. | | Cell # | |
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| Email Address | | | | Email Address | | | |
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Emergency Information

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|--|--|--|--|----------------------------------|--|--|--|--------|--|--|--|
| First Emergency Contact Name (Not Parent or Guardian) | | | | First Emergency Contact Phone # | | | | Cell # | | | |
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| Second Emergency Contact Name (Not Parent or Guardian) | | | | Second Emergency Contact Phone # | | | | Cell # | | | |
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Doctor's Name

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Doctor's Phone #

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Health Card #

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Any Medical Problems, Disabilities, or Allergies

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Student History

Name of Present or Previous School

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Grade

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Home Schooling

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Performance in Present or Previous School

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Any complaint from Present or Previous School

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Name of Any Islamic School or Madrasah Attended

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When Attended

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Course Attended

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Language Ability (Other than English)

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Able to Read Qaidah

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Able to Read Quran

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| Y | N |
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Mention Any Previous Islamic Education at Home or With a Tutor

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Program Applied

Program Applied For

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Morning

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Evening

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Weekend

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Notice to Parents

Information is collected pursuant to the Education Act. It may be disclosed beyond the Board for purposes such as

- ◆ School Councils, class lists, emergency phone networks, Student Council, etc.
 - ◆ In case of an accident or witness to an accident, the student's name and home address will be released
 - ◆ The release of names, ages, grades, with photographs, artwork, writing or other school work to the media for publicity
 - ◆ The use of names, photographs, etc. used for displays in the school, newsletters and yearbooks
- If you do not consent to the release of information for these purposes, please inform the principal in writing within 30 days

I hereby certify that the above information is accurate to the best of my knowledge.

Signed (Parent or Guardian)

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Date

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Office Use Only

Student Starting Date

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Fees

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Monthly

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Weekly

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Payment Method

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Please attach a copy of student's Birth Certificate or Proof of Status in Canada, Immunization Record, Health Card, and Last Report Card.