



The Quran Academy School of Hifz & Elementary Education

# Admission Application

Student's Surname:		Given Names:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth Date:            day            month            year		Grade Applied For:		School Year:	
Location: <input type="checkbox"/> Mississauga		Transportation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Parent Information	father	mother
Name:		
Home Telephone:		
Home Address:	street address	street address
	city & province	city & province
	postal code	postal code
Occupation:		
Employer's Name:		
Business Telephone:		
Business Address:	street address	street address
	city & province	city & province
	postal code	postal code

Student Lives With:  mother  father  both  other  Specify:

Health Card Number: \_\_\_\_\_ Health Difficulties, if any: \_\_\_\_\_

Student's Present School: \_\_\_\_\_ Telephone: \_\_\_\_\_

School's Address: \_\_\_\_\_  
street address  
city & province postal code

Principal's Name: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Please enclose a copy of the student's last report card, immunization card, birth certificate & health card.)