

IN THE NAME OF ALLAH THE MOST BENEFICENT THE MOST MERCIFUL



## مدرسة أطفال للمسلمين

***MADRESATUL ATFAAL ALMUSLIMEEN***

**10 Vulcan St., Etobicoke, ON M9W 1L2**

**TEL: (416) 244-8600 • FAX: (416) 244-0059**

### **REGISTRATION FORM**

---

#### **INSTRUCTIONS**

- **Register only ONE child per form**
  - **Attach the following documents to the completed registration form:**
    - **A copy of the student's birth certificate or other source of verification**
    - **The student's record of immunization**
    - **Two passport size photos taken recently**
    - **A copy of the student's last report card from the last school attended (SK-Gr. 5)**
  - **Complete the form in its entirety to ensure the student is properly registered**
  - **Bring completed registration form, registration fee and first month's tuition fee to the school in person**
-



## MADRESATUL ATFAAL ALMUSLIMEEN

10 VULCAN ST., ETOBICOKE, ON M9W 1L2 CANADA

TEL: (416) 244-8600 • FAX: (416) 244-0059

SECTION 1 STUDENT INFORMATION		
Last Name	Middle Name	First Name
Complete Address		
Date of Birth (yyyy/mm/dd)	Country of Birth	Date of Arrival in Canada
Registration for Grade: <input type="checkbox"/> JK <input type="checkbox"/> SK <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Father's Name	Tel. Home	Tel. Work
Mother's Name	Tel. Home	Tel. Work
Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian		
Guardian's Name	Tel. Home	Tel. Work
SECTION 2 EDUCATION HISTORY		
Name of Last School Attended		Last Grade Completed
School Address		Tel. No.
SECTION 3 MEDICAL INFORMATION		
Family Doctor		Tel. No.
Student Health Card Number		
Please list any health problems and/or special needs the student may have (i.e. allergies, asthma, inhaler)		
In case of an emergency, the school should contact:		
Name	Relationship to Student	
Address	Tel. No.	
<i>Please sign and date your registration form below before submitting to Madresatul Atfaal Almuslimeen. Jazak Allah Khair.</i>		
Parent Signature		Date (yyyy/mm/dd)
SECTION 4 FOR OFFICE USE ONLY		
Student	Grade	Student Number
<input type="checkbox"/> Registration fee paid in full	<input type="checkbox"/> Immunization record attached	Date (yyyy/mm/dd)
<input type="checkbox"/> First month's tuition fee paid in full	<input type="checkbox"/> 2 passport size photos attached	
<input type="checkbox"/> Copy of birth certificate attached	<input type="checkbox"/> Copy of last report card attached	