

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 • Email: muslimgirlsschool@yahoo.com

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**
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THIS FORM IS PROTECTED WHEN COMPLETED



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Please Visit: www.muslimgirlsschool.com

SECTION 1 STUDENT INFORMATION			
Last Name:		Middle Name:	First Name:
Complete Address:		Parents Email Address:	
		Student Email Address:	
Date of Birth (yyyy/mm/dd): <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		Date of Arrival in Canada: <input type="checkbox"/> Female	
Registration for Grade:		Country of Birth:	Gender: <input type="checkbox"/> Male
Father's Name:		Tel. Home/Cell:	Tel. Work:
Mother's Name:		Tel. Home/Cell:	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"/> First month's tuition fee paid in full <input type="checkbox"/> Copy of birth certificate attached		<input type="checkbox"/> Immunization record attached <input type="checkbox"/> 2 passport size photos attached <input type="checkbox"/> Copy of last report card attached	Date (yyyy/mm/dd)