



# Ummah Masjid

1423 Thornton Road North, Oshawa ON L1H 7K4

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Tel: (289) 893-1248

Boys Campus

## ADMISSION FORM (2022-2023)

### STUDENT INFORMATION: (Please print clearly)

Enrolment Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Hifz Class \_\_\_\_\_ Evening Aalim Class \_\_\_\_\_  
                                YYYY                MM                DD

Nazira Test Completed \_\_\_\_\_ YES \_\_\_\_\_ NO

Number of Paras previously memorized \_\_\_\_\_ Years of Aalim Class Completed \_\_\_\_\_

*(Students must provide some sort of evidence of prior Hifz or Aalim Class, Report Cards Etc...)*

Student Name: \_\_\_\_\_

First Name

Last Name

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Tel: (\_\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
                        YY                MM                DD

Language spoken at home: \_\_\_\_\_ Does the child speak English? Yes \_\_\_\_\_ No \_\_\_\_\_

OHIP # \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
  YY                MM                DD

Family Doctor's Name: \_\_\_\_\_ Tel #: (\_\_\_\_\_) \_\_\_\_\_

Name of previous school: \_\_\_\_\_

City: \_\_\_\_\_ Tel # (\_\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_

Reason for joining Ummah Masjid \_\_\_\_\_

Has your child been expelled from any previous school?

Please describe: \_\_\_\_\_

Does your child have any special learning, behavioral or physical difficulties?

Please describe: \_\_\_\_\_

**PARENTAL INFORMATION**

Father’s Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
                            First Name  Last Name  
Cell # (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother’s Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
                            First Name  Last Name  
Cell # (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Marital Status : Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (besides parents)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
                            First Name  Last Name  
Home Tel # (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

.....  
\*\*PLEASE PROVIDE THE FOLLOWING UPON REGISTRATION (new students only)\*\*

- Proof of birth date and legal name (birth certificate, passport, landing document, citizenship card)
- Copy of Health Card (For Hifz Students only)
- Most recent Hifz or Aalim report card (If Applicable)

**SCHOOL HOURS**

Hifz Class MONDAY - FRIDAY 8:30AM - 3:00PM  
Aalim Class MONDAY – FRIDAY 7:00PM – 9:30PM

**SCHOOL UNIFORM**

Clean Topee---  
Clean WHITE Curta or Jubba---  
Pants above the ankles

**SCHOOL FEES POLICY**

YEARLY REGISTRATION FEE \$150.00

Monthly School Fees  Hifz Class \$200.00/Month  Evening Aalim Class \$100/Month

This is TO BE PAID IN 1 VOID CHEQUE (12 Withdrawals) UPON REGISTRATION:

Parent’s Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

Signature of Administrator upon successful completion of Application \_\_\_\_\_

Date: \_\_\_\_\_