

Ummah Masjid

1423 Thornton Road North, Oshawa ON L1L 0P6

www.ummahfoundation.ca info@ummahfoundation.ca

Tel: (289) 893-1248

MAKTAB REGISTRATION FORM

Enrolment Date///	New Student Returning
YYYY MM DD	
Qa'ida Class Nazira Class	
	Years of Aalim Class Completed
(Students must provide some sort of evidence of	f prior Hifz or Aalim Class, Report Cards Etc)
Date of Birth/ Ag YY MM DD	ge:
Student Name:	
First Name	Last Name
Address:	
City: Postal Code	e:Cell Number
e-mail address	
Language spoken at home:	Does the child speak English? Yes No
OHIP #	Expiry Date://
	YY MM DD
Family Doctor's Name:	Tel #: ()
Has your child been expelled from any previous	s school?
Please describe :	
Does your child have any special learning, beha	avioral or physical difficulties?
Please describe:	

PARENTAL INFORMATI	ON	
Father's Name:		
First Na		
Cell # ()	Email A	ddress:
Mother's Name:		Occupation:
First Na	ame Last N	Name
Cell # ()	Email A	ddress:
Marital Status : Marrie	ed: Divorced: _	Separated:
EMERGENCY CONTACT	TINFORMATION (beside:	s parents)
	· ·	Relationship:
First Name	Last Name	
Home Tel # ()		Cell # ()
PLEASE PROVIDE THE	FOLLOWING UPON REG	ISTRATION (new students only)
SCHOOL HOURS	- 0001 - 0001	
MONDAY - THURSDAY	5:00PM - 7:00PM	
SCHOOL UNIFORM		
<u>Boys</u>		
Clean Topee		
Clean WHITE Curta		
Pants above the ankle	2S	
<u>Girls</u>		
Clean Scarf	1 . A .1.1	
Loose Abaya or Skirt Loose Pants	to the Ankles	
SCHOOL FEES POLICY		
FEES ARE COLLECTED F	OR ALL 12 MONTHS OF T	HE VEAR
Maktab Fees \$50/Month	OKALL 12 WONTIS OF T	IIL ILM
	REGISTRATION :1 VO	ID CHEQUE (12 Withdrawals)
	1.2016111111111 1.	
***I have read the student of	ode of conduct available at	www.ummahfoundation.ca to my child
Parent's Name:		Date:
D		
Parent's Signature:		_
Signature of Administrator u	pon successful completion of	f Application
	-	
		Date: