



Um Al-Qura Islamic School

205 - 41 METROPOLITAN RD. M1R 2T5

Tel: (416) 443-3557

Office Use
Date Rec'd _____
Receipt # _____
Cheque # _____
Waiting List # _____

Students Name:
(Last) (First) (Middle)

Requesting Entry into Grade:*Year:

Date of Birth: Year..... Month...../ Day..... Male: Female:

Place (City) and Country of Birth:Language(s) Spoken at home:

Home Address:

.....Residence Phone.....

Father Name: Bus. Phone:

Mother Name: Bus Phone:

Guardian Name (if applicable):

Present School (if applicable):

Health / Physical / Learning disabilities, If any that the child has or is receiving:

.....

Health Card (OHIP) #:

Parent's email address:

In Case Of Emergency:

Contact Person Name: Bus. Phone:

Home Phone.....

Please attach the following:

- | | |
|--|----------------------|
| 1. Copy of the Birth Certificate | Yes: No: |
| 2. Copy of the Latest Report Card (if applicable) | Yes: No: |
| 3. Copy of Immunization | Yes: No: |
| 4. Eight post dated cheques for the year from October to May | Yes: No: |
| 5. Registration fees \$450.00 (non-refundable) | Yes: No: |

Name of Parent/Guardian

Signature

Date