



SCARBOROUGH MUSLIM ASSOCIATION

2665 Lawrence Avenue East Toronto, ON M1P 2S2 Tel. No. (416) 750-2253

Email: info@smacanada.ca Website: www.smacanada.ca Fax: (416) 750-1616

Alim/ Alimah Higher Islamic Studies REGISTRATION FORM (2015- 2016)

SCHOOL HOURS
Mon, Tues, Thur & Fri
4:30 PM – 7:30 PM
Sat 9:30AM- 12:30PM

Ages 15+

STUDENT'S INFORMATION (PLEASE PRINT CLEARLY):

Age: _____ Male Female

Official Name: _____ Date of Birth: _____ / _____ / _____
(First Name) (Last Name) (DD) (MM) (YYYY)

Address: _____ Apt. #: _____ Buzzer #: _____

City: _____ Postal Code: _____ Home #: () _____

Country of Birth: _____ Status in Canada: _____ Health Card Number: _____

Does the child suffer from any allergies or acute/chronic illness? If yes, specify _____

PARENT'S/GUARDIAN'S INFORMATION (PLEASE PRINT):

Father's First Name: _____ Father's Last Name: _____

Cell Phone: _____ Email Address: _____

Mother's First Name: _____ Mother's Last Name: _____

Cell Phone: _____ Email Address: _____

Marital Status: Married: Divorced: Separated: Widowed: Single:

Child Lives With: Both Parents: Father: Mother: Legal Guardian:

**Please provide the office with a copy of any relevant legal custody papers.*

EMERGENCY CONTACT'S INFORMATION (OTHER THAN THE PARENT/GUARDIAN)

Name: _____ Relationship with the student: _____

Home #: () _____ Cell #: () _____

1. All new applicants will have to pass an admission test (all forms will remain valid for one academic year only)
2. Disclosure of all previous character and conduct is necessary.
3. All Islamic laws and regulations will have to be followed in all aspects of life particularly prayers, dress, social affairs

FOR OFFICE USE ONLY

Fees Void Subscribed Checked

FOR OFFICE USE ONLY

FID# S: P:

BACKGROUND INFORMATION OF APPLICANT

ISLAMIC EDUCATION:

Name of Madrassah: _____ City: _____ Country: _____

Number of time Holy Quran has been completed: _____

If not, how many paras/juz have you completed? _____

Names Arabic/Urdu books studied: _____

Do you know how to read and write Arabic/Urdu? _____

SECULAR EDUCATION:

Name of Institution: _____ City: _____ Country: _____

	Courses	Grades Attained
From: _____		
To: _____		

Has the applicant ever been involved with the police? YES NO

If 'YES' please give details and judgement of court

MADRASAH FEE FOR 11 MONTHS

Madrasah Fee Payment	1 Student	2 Student
Monthly Pre-Authorized from the Bank. Payments over 11 months. (Please provide VOID cheque)	\$70	\$140

I, _____ hereby authorize Scarborough Muslim Association to withdraw a madrasah fee of \$ _____ from my account on the **22nd of every month**. This agreement will be terminated upon the student's completion or cancellation from the madrasah via withdrawal form available in the office. **I am solely responsible for ensuring the correct amount of fees is available on the 22nd of the month.** If for any reason funds are not received from your account on the **22nd of every month** an additional **\$10 charge** per transaction will apply for the subsequent month. I understand that is my responsibility to inform SMA of any bank changes. The information I have given on the form is true and accurate to the best of my knowledge. I understand that my application will be disqualified if I have knowingly given false information.

Parent/Guardian Signature: _____

Date: _____ / _____ / _____
(DD) (MM) (YYYY)

Applicant Signature: _____

Date: _____ / _____ / _____
(DD) (MM) (YYYY)

ANY INCOMPLETE FORMS (Missing information, void &/or registration fee) WILL NOT BE ACCEPTED