



# ABU BAKR EDUCATION ACADEMY

2665 LAWRENCE AVE. EAST. SCARBOROUGH, ON. M1P 2S2

TEL: (416) 750-2253 FAX: (416) 750-1616

EMAIL: AEA@SMACANADA.CA

## STUDENT REGISTRATION FORM (JK – GRADE 6) 2016 – 2017

### ***Student Information***

Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in Sept. 2016: \_\_\_\_  
YY MM DD

Place of Birth: \_\_\_\_\_ Arrival in Canada (if country of birth is not Canada) \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

Status in Canada: \_\_\_\_\_

Mother Tongue: \_\_\_\_\_ Language spoken at Home \_\_\_\_\_

Does the child speak English?  Yes  No

Home Address \_\_\_\_\_  
Street No. and Name Apt. # City Postal Code

Home Phone Number: \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

Does your child have Health conditions: \_\_\_\_\_

### ***Previous School Information (New Students)***

Previous School Attended: \_\_\_\_\_

Address: \_\_\_\_\_  
Street No. and Name City Province Country

Phone Number: \_\_\_\_\_

Last Date attended: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

**Parents Information**

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status:     Married     Divorced     Separated     Widowed     Single

Child lives with:     Both parents     Father     Mother     Legal guardian

*\*Please provide the office with a copy of relevant legal documents (i.e. custody papers)*

**Emergency Contact Information**

Contact 1

Name: \_\_\_\_\_  
Last Name                          First Name                          Relationship to student

Home Phone Number: \_\_\_\_\_                          Cell Phone Number: \_\_\_\_\_

Contact 2

Name: \_\_\_\_\_  
Last Name                          First Name                          Relationship to student

Home Phone Number: \_\_\_\_\_                          Cell Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian                          Parent/Guardian Name                          Date (YY/MM/DD)

\_\_\_\_\_  
Date (YY/MM/DD)

**FOR OFFICE USE ONLY**

	Proof of birth (birth certificate / passport / landing documents / citizenship card)
	Updated immunization record and copy of valid health card
	Two recent passport size photo
	Most recent report card (SK - Gr. 5)

Start Date: : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                                 YY                          MM                          DD

Fees     Void Cheque Received     Subscribed     Checked     Books



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## SCHOOL TUITION FEES AGREEMENT

Tuition Fee Payment Options (Please read carefully and make payment (s) accordingly)	1 Student	2 Students	3 Students	4 Students	5 Students
Full Payment at time of registration(Please pay by cheque)	\$2,000.00	\$3,800.00	\$5,450.00	\$7,100.00	\$8,750.00
Monthly Pre-Authorized payments over 10 months. (Please provide a VOID cheque)	\$200.00	\$380.00	\$545.00	\$710.00	\$875.00

**Please select one of the fee payment options below:** (Please Note: Monthly cash payments are not acceptable)

Monthly Pre-Authorized Fee Payment Plan (Please attach a void cheque)

Full Payment of fees

I, \_\_\_\_\_ hereby authorize Scarborough Muslim Association to withdraw a tuition fee of \$\_\_\_\_\_ from my account on the **05<sup>th</sup> of every month**. This agreement will be terminated upon the student's cancellation from the school via withdrawal form available in the office. **I am solely responsible for ensuring the correct amount of fees is available on the 05<sup>th</sup> of the month**. If for any reason funds are not received from your account on the **05<sup>th</sup> of every month** an additional **\$10 charge** per transaction will apply for the subsequent month. I understand that it is my responsibility to inform SMA of any bank changes.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

ADMINISTRATION FEES (Non-Refundable)		No. of Students	Amount	Due
Registration Fee	\$25.00/ Student		\$	
Books and Supplies (JK - Gr. 6)	\$200.00/Student		\$	
<b>Total Balance due upon registration</b> <i>Note: Forms will not be accepted without Registration Fee</i>	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		\$	

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

Pre-Authorized/Direct Deposit  Full Payment  Due Balance: \_\_\_\_\_

IRM Entered Bank Info Entered  Subscribed to Class Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD