REGISTRATION FORM

Branch: _____

Family No. _____

Parents Information: (Please, print clearly)

Father's First Name **Father's Last Name**

Mother's First Name **Mother's Last Name**

Home address **City** **Province** **Postal Code**

Home Phone :( )_____ Cell :( )_____ Email:_____

Emergency Contact: _____ Emergency phone :( )_____

Mother Tongue_____ Language Spoken At Home:_____

Students Information: (Minimum age is 4 years)

1-**First Name** _____ **الاسم كاملا بالعربية**

DD / MM / YY

DOB:_____/_____/_____ Gender : M ☐ F ☐ Public School attended? _____

Most recent Islamic/Arabic school attended? _____ What Year? _____ Which Grade? _____

Any Known Health Problems_____

For Office Use Only: Student Number: _____ Level: _____ Remarks: _____

2-**First Name** _____ **الاسم كاملا بالعربية**

DD / MM / YY

DOB:_____/_____/_____ Gender : M ☐ F ☐ Public School attended? _____

Most recent Islamic/Arabic school attended? _____ What Year? _____ Which Grade? _____

Any Known Health Problems_____

If you have more than 2 children fill in and attach additional form(s).

For Office Use Only: Student Number: _____ Level: _____ Remarks: _____

Payment Information: (Applications will not be accepted without payment. All chqs have to be dated before the end of the calendar year)

Payment Method: Cash ☐ Cheque ☐ Total Amount Due : $_____ Amount Paid: $_____ Balance: $____

Parent's name in which the tax receipt will be issued: _____

Please, make payment payable to: **MAC-Alhuda Schools**
Students registering before the end of June will be guaranteed the same fees as last year's.
$30/student is non-refundable processing fee.

For Office Use Only: Amount Received: _____ Administrator's Signature: _____

Make sure you take a copy of the form as a payment receipt/reference.
Submit or send the application form with the payment to Al-Huda school or ICCO

Tel: 905 782 8384 Fax:416 907 8004
Email: alhuda.mississauga1@macnet.ca Website: www.alhudaschools.com

Muslim Association of Canada