



# MADINATUL ULOOM ACADEMY

## REGISTRATION FORM (2021 – 2022)

### STUDENT INFORMATION:

Grade: \_\_\_\_\_ New Student:  Current Student:

Student's Official Name: \_\_\_\_\_  
(Last Name) (Middle Name) (First Name)

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Buzzer #: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home #: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male  Female   
(YYYY) (MM) (DD)

Country of Birth: \_\_\_\_\_ Status in Canada: \_\_\_\_\_

First Language: \_\_\_\_\_ Does the child speak English? Yes  No

Date Entered in Canada: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(YYYY) (MM) (DD)

Name of last school attended: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Tel #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Reason for leaving last school: \_\_\_\_\_

Reason for joining Madinatul Uloom Academy: \_\_\_\_\_

Has your child ever been enrolled or recommended for any special educational programs (e.g. Gifted, French Immersion, Special Education, ESL, IEP, ELD. etc). If yes, please state the program below in detail: \_\_\_\_\_

**Boys Campus:** 700 Progress Ave.  
Scarborough, ON CANADA  
M1H 2Z7  
Tel: 416-332-1810

**Primary Campus:** 710 Progress Ave.  
Scarborough, ON CANADA  
M1H 2X3  
Tel: 416-332-9428  
Fax: 416-332-0470  
E-mail: [info@mua.ca](mailto:info@mua.ca) Website: [www.mua.ca](http://www.mua.ca)

**Girls Campus:** 670 Progress Ave.  
Scarborough, ON CANADA  
M1H 3A4  
Tel: 416-332-9428

**PARENT/GUARDIAN INFORMATION:**

Father's Last Name: \_\_\_\_\_ Father's First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Work Tel #: ( ) \_\_\_\_\_ Ext: \_\_\_\_ Cell #: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Work Tel #: ( ) \_\_\_\_\_ Ext: \_\_\_\_ Cell #: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

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 CONTACTS INFORMATION (OTHER THAN PARENT/GUARDIAN)**

1. Name: \_\_\_\_\_ Relationship with the student: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship with the student: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Mother:  Father:  Other: (specify) : \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(YYYY) (MM) (DD)

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

	Proof of birth (birth certificate / passport / landing document / citizenship card)
	Updated immunization record (including signed medical form)
	Two passport size photo (not less than 2 months prior to admission)
	Most recent report card (S.K – Gr. 8)
	Most recent report card and original Transcript ( Grade 9 – 12)
	Level of performance in Entrance Assessment (if applicable)

ENTRY DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  YYYY   MM   DD

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