



مسجد حذيفة  
MASJID HUZAIFAH

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## ADMISSION FORM

### Student Information – Please print clearly

Attach a photocopy of the Health Card

Last Name	First Name	Gender	Age	Birth Date (dd/mm/yy)	School Grade	Previous Islamic Education Where? Portion Covered:

### Family Information – Please print clearly

Father's Name		Mother's Name (Optional)	
Address			
City		Postal Code	
Home Phone	Cell Phone	Email	
In case of emergency: Please write contact name		Contact #	Relationship:

Allergies / Medical conditions: \_\_\_\_\_

I certify that the information on this form is complete and accurate. As parent / guardian of the child(ren) registered above, I release Jame Masjid Huzaifah and individuals, from liability in the event of personal injury or accident caused to the child(ren) while he/she is, at any excursion or after the teaching hours. Students will not be permitted to leave early or arrive late without a written and signed note from the parent / guardian. I (we) agree to see that my enrolled child(ren) are punctually brought and picked up on time. I (we) agree to inform the management, in writing, of any changes in the mailing address or the contact number(s). I (we) agree to contact the Madresa Principal (Shaykh Zakariyya) for any other queries or issues related to the Madresa. In addition, I (we) read, understood and will abide by the rules and regulations of the Madresa.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Parent / Guardian's Name (please print)

\_\_\_\_\_  
(dd/mm/yyyy)

### For Office Use Only

<b>Registration Checklist:</b> <input type="checkbox"/> Admission Form	<input type="checkbox"/> Handbook	<input type="checkbox"/> Pre-authorized Payment Form with Void Cheque <input type="checkbox"/> Account already exists Ref # : _____	<input type="checkbox"/> Registration Fee
Received By:	Date:	Notes:	
Enrolled By:	Date:	Notes:	