



MADINATUL ULOOM ACADEMY

REGISTRATION FORM (2025 – 2026)

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 Website: 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 and Health Card (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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