



Ontario Muslim Academy

Full-Time Islamic School & Madrasah

82 Beverly Street, Cambridge, ON N1R 3Z7, Canada

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E-mail: omacademy@hotmail.com

Website: www.omacademy.ca

Full-time School

Full-time Hifz & School

Evening Hifz / Maktab

NOTE: FILL IN BEFORE PRINTING. ALL FIELDS NEED TO BE FILLED TO PROCESS APPLICATION

Student Information

First Name	<input type="text"/>	Middle	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>			City	<input type="text"/>
Province	<input type="text"/>	Postal Code	<input type="text"/>	Email	<input type="text"/>
Home Phone	<input type="text"/>	Date of Birth	<input type="text"/>	Sex	<input type="radio"/> M <input type="radio"/> F
				Application for grade:	<input type="text"/>

Education

Name of school last attended	<input type="text"/>	Last grade attended	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
		Prov	<input type="text"/>
		P Code	<input type="text"/>
School phone	<input type="text"/>	Dates attended	From <input type="text"/> To <input type="text"/>

Parent's/Guardian's Information

Father's Name	<input type="text"/>	Occupation	<input type="text"/>
Work Phone #	<input type="text"/>	Other Day-time contact #	<input type="text"/>
Mother's Name	<input type="text"/>	Occupation	<input type="text"/>
Work Phone #	<input type="text"/>	Other Day-time contact #	<input type="text"/>

Emergency Contact

Please Note: An emergency contact person must be someone other than the parents / guardians. It should be a neighbor or friend that can take your child in the event that we are unable to contact the parents.

Name	<input type="text"/>	Relationship	<input type="text"/>
Address	<input type="text"/>	Day-time Phone	<input type="text"/>

I hereby release Ontario Muslim Academy and its employees from all claims for damage arising from any activity, accident or injury which is caused by or arises from participation of the applicant(s) named herein, during any program or in any facility where the program is held.

Parent/guardian signature _____

Date: _____

For Office Use Only

Date of admission:	_____	Admitted to grade:	_____	Transportation provided by:	_____
Signature of Principal/Secretary	_____			Date	_____