



3. Emergency Contact Information (Different from parents/guardian)

Contact 1

Name: _____
 Last Name First Name Relationship to student

Home Phone Number: _____ **Cell Phone Number:** _____

Contact 2

Name: _____
 Last Name First Name Relationship to student

Home Phone Number: _____ **Cell Phone Number:** _____

4. Previous School Information

**Please list the last 2 most recent schools attended by your child.*

School 1

Private School Board Public School Board Homeschooling Other

Previous School Attended: _____ **Phone Number:** _____

Address: _____
 Street No. and Name City Province Country

Last Date attended: ____/____/_____
 DD MM YYYY

School 2 NA (Child has only attended 1 school to date)

Private School Board Public School Board Homeschooling Other

Previous School Attended: _____ **Phone Number:** _____

Address: _____
 Street No. and Name City Province Country

Last Date attended: ____/____/_____
 DD MM YYYY

 Signature of Parent/Guardian

 Parent/Guardian Name

 Date



2665 LAWRENCE AVE. EAST. SCARBOROUGH, ON. M1P 2S2
TEL: (416) 750-1616
EMAIL: INFO@ABUBAKRACADEMY.CA

Documentation Required: THE FOLLOWING DOCUMENTS ARE REQUIRED FOR REGISTRATION

	Proof of birth (birth certificate / passport / landing documents / citizenship card)
	Updated immunization record and copy of valid health card
	Two recent passport size photo
	Two recent report cards
	VOID Cheque

School Tuition Fees Agreement

Tuition Fee Payment Options (Please read carefully and make payment (s) accordingly)	1 Student	2 Students	3 Students	4 Students	5 Students
Full Payment at time of registration(Please pay by cheque)	\$2,750.00	\$5,300.00	\$7,700.00	\$10,100.00	\$12,500.00
Monthly Pre-Authorized payments over 10 months. (Please provide a VOID cheque)	\$275.00	\$530.00	\$770.00	\$1010.00	\$1250.00

Please select one of the fee payment options below: (Please Note: Monthly cash payments are not acceptable)

Monthly Pre-Authorized Fee Payment Plan (Please attach a void cheque) **OR** Full Payment of fees

I, _____ hereby authorize Scarborough Muslim Association to withdraw a tuition fee of \$_____ from my account on the 5th of every month. This agreement will be terminated upon the student's cancellation from the school via withdrawal form available in the office. I am solely responsible for ensuring the correct amount of fees is available on the 5th of the month. If for any reason funds are not received from your account on the 5th of every month an additional \$10 charge per transaction will apply for the subsequent month. I understand that it is my responsibility to inform SMA of any bank changes.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

STUDENT FID NUMBER: _____ **PARENT FID NUMBER:** _____

Supporting Documents Registration Fees Supply Fees VOID Cheque

ADMINISTRATION FEES (Non-Refundable)	Amount	Paid	
Books and Supplies (Gr. 1-8)- Annually paid once per school year	\$325	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque
Registration Fee	\$25	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque