

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

GRADE 1-8 STUDENT REGISTRATION FORM: 2020-2021 SCHOOL YEAR

1. Student Information					
Legal Name:First Name	 Middle Name	 Last Name			
Gender: □ Male □Female	Canadian Status:				
Date of Birth:////	Current Age: Gr	rade in Sept. 2020:			
Place of Birth: Arrival	in Canada (if country of birth is	not Canada)//			
Mother Tongue:	Language spoken	at Home:			
Health Card Number:	Expiry Date:	///			
Does your child have any health conditions					
2. Parent/Legal Guardian Information	6 N				
Father's Name:	Cell:	Work:			
Mother's Name:	Cell:	Work:			
Marital Status: □Married □Divorce	d □Separated	□Widowed □Single			
Child lives with: □Both parents	□Father □Mother	□Legal guardian			
Child custody is with: □Both Parents □Father □Mother □Legal guardian *If there are legal custody arrangements please provide the office with a copy of relevant legal documents (i.e. custody papers)					
Home Address: Apt. # Street No.	o. and Name City	Postal Code			
Home Phone:	Primary Email:				
The best way to reach me is via: □Pl	none □Email				



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3. Emergency Contact Information (Differen	nt from paren	ts/guardian)			
Contact 1					
Name:					
Last Name First Name		Relationshi	ip to student		
Home Phone Number:	Cell Phone Number:				
Contact 2					
Name:					
Last Name First Name		Relationshi	ip to student		
Home Phone Number:	Ce	ll Phone Number:			
4. Previous School Information					
*Please list the last 2 most recent schools atten	ded by your cl	nild.			
School 1					
□Private School Board □Public School Boa	ard □H	omeschooling	□Other		
			•		
Previous School Attended:		Pnone Nu	ımber:		
Address: Street No. and Name	C:	Durania a	Countries		
Street No. and Name	City	Province	Country		
Last Date attended://					
School 2	ol to date)				
□Private School Board □Public School Boa	ard □H	omeschooling	□Other		
Previous School Attended:		Phone Number:			
Address: Street No. and Name					
Street No. and Name	City	Province	Country		
Last Date attended://					
Signature of Parent/Guardian	Parent/Guard	ian Name	Date		



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	LL. (TIO) / 1	30 1010	
EMAIL: IN	FO@ABUBA	KRACADEM	Y.CA

Documentation Required: THE F	OLLOWING D	OCUMENTS A	RE REQU	IRED FO	OR REGIST	RATION
Proof of birth (birth certificate /	passport / lai	nding documen	its / citize	nship ca	ırd)	
Updated immunization record a	nd copy of val	id health card				
Two recent passport size photo						
Two recent report cards						
VOID Cheque						
S	chool Tuition	Fees Agreem	ent			
Tuition Fee Payment Options (Please read carefully and make payment (s) accordingly)	1 Student	2 Students	3 Stude	ents 4	Students	5 Students
Full Payment at time of registration(Please pay by cheque)	\$2,750.00	\$5,300.00	\$7,700	.00 \$1	0,100.00	\$12,500.00
Monthly Pre-Authorized payments over 10 months. (Please provide a VOID cheque)	\$275.00	\$530.00	\$770.0	00 \$	1010.00	\$1250.00
Please select one of the fee payment opti ☐ Monthly Pre-Authorized Fee Payment Plan	_		-	paymen		acceptable) ment of fees
I,tuition fee of \$terminated upon the student's cancellation responsible for ensuring the correct amount received from your account on the 5 th of subsequent month. I understand that it is more than the student in th	from the schoot of fees is ava every month	ool via withdray ilable on the 5 th an additional \$1	wal form a of the mo 10 charge	vailable nth. If fo per trans	in the offi or any reason saction wil	ce. I am solel on funds are no
Parent/Guardian Signature:	rent/Guardian Signature: Date:					
	FOR OFFI	CE USE ONLY				
STUDENT FID NUMBER:		PARENT FII	O NUMBE	R:		
□Supporting Documents □Reg	apporting Documents				lue	
ADMINISTRATION FEES (Non-Refundable)			I A	Mount	Paid	
Books and Supplies (Gr. 1-8)- Annually paid once per school year			\$	325	□ Cash	□Cheque
Registration Fee			\$	525	□ Cash	□Cheque