



Amanah Academy North America Foundation

4140 Finch Ave E, Scarborough, ON M1S 3T9

Phone: (416)750-3939

REGISTERING GRADE: _____

APPLICATION FORM 20 -20

Student ID #: _____

START DATE: _____

Child's Personal Information

OEN : _____

Last Name: _____ First Name: _____ Middle Name: _____ Gender: _____

Preferred Last Name (if not same as above) _____ Preferred First Name: _____

Date of Birth: Year: _____ Month: _____ Date: _____ Child's Legal Status: _____

Source of Verification: 1. _____ Source of Verification: 2. _____

Home Address: Apt.: _____ Street: _____ City: _____ Province: _____ Postal Code: _____

Home Phone Number: (____) ____ - ____ Cell Phone: (____) ____ - ____ Other: (____) ____ - ____

English as a second language purposes

If student is not born in Canada, Indicate country _____ Arrival Date in Canada: ____ / ____ / ____

Verification Document Shown: _____ Province of Birth and Arrival Date: _____

Language:

First Language of Student: _____ Second Language (spoken at home): _____ English

Medical Condition (Please specify)

Health Card # : _____

Doctor's Name: _____ Doctor's Tel.: (____) ____ - ____ Medication: _____

Parent/ Legal Guardian Details

Father Last Name: _____ Father First Name: _____

Guardian " Custody " Receives mail " Access to records "

Home Address (if not same as student's): _____

Home Phone Number: (____) ____ - ____ Cell Phone: (____) ____ - ____ Work: (____) ____ - ____

Email: _____ Profession: _____ Education: _____

Employment Status: Full Time Part Time Unemployed Self Employed Retired

Mother's Last Name: _____ Mother's Firstname: _____

Guardian " Custody " Receives mail " Speaks English " Access to records "

Home Address (if not same as student's): _ same

Home Phone Number: (____) ____ - ____ Cell Phone: (____) ____ - ____ Work: (____) ____ - ____

Email: _____ Profession: _____ Education: _____

Employment Status: " Full Time " Part Time " Unemployed " Self Employed " Retired

Total Number of Children Enrolled at Amanah:

First Child: _____ Grade: _____ Second Child: _____ Grade: _____

Third Child: _____ Grade: _____ Fourth Child: _____ Grade: _____

Transportation

Driver Needed

Transportation Available

Emergency Contact

1) Name: _____ Relation: _____ Tel.: (____) ____ - ____ Cell: _____

2) Name: _____ Relation: _____ Tel.: (____) ____ - ____ Cell: _____

Previous Academic Detail

Previous School Attended: _____ Tel.: (_____) _____ - _____

Previous School Board: _____ Has the student completed community service hours? _____

Last Grade Completed: ____ Avg. Mark/ Grade Received: ____/____% Special Recognition Received: _____

Has student ever been suspended or currently under suspension from any school or board? No " Yes "

If yes please explain _____

Has student ever been expelled or currently under expulsion from any school or board? No " Yes "

If yes please explain _____

Note: Amanah Academy may not be able to accommodate students who require extensive special-needs support or extensive IEP support.

Quraan Detail: " Qaaidah " Naadhirah " Hifdh: Paara

Child's Focus: " Strong " Weak

OFFICE USE ONLYAdmit Code ☐ Beginner☐ From Catholic School☐ From Private School in Ontario☐ From Homeschooling☐ From Outside Canada☐ From Province Outside of Ontario

Note: The total tuition fee per student for Elementary is \$3600 and for Secondary is \$4500. An additional yearly Supply Fee of \$300 is also applicable.

Parents can pay in a lump sum of the total or choose between 2 to 12 instalments as per their convenience. Tuition Fees is a legal contract between the child's parents and Amanah Academy as agreed upon at the time of enrolment. Please note that all payments are final, non-refundable, and non-prorated.

Please be advised that fees are subject to change each academic year.

DOCUMENTS CHECKLIST

- " APPLICATION FORM
- " BIRTH CERTIFICATE
- " LEGAL STATUS DOCUMENTS
- " COPY OF HEALTH CARD OR INSURANCE CERTIFICATE
- " IMMUNIZATION RECORD
- " MOST RECENT REPORT CARD
- " MATERIAL FEES (\$300)
- " POLICIES AND PROCEDURES
- " VOID CHEQUE/PRE-AUTHORIZED FORM

Verified by: _____

Dated: _____

Principal/Coordinator Comments _____

Signature