



# Registration Form for Makki Islamic Learning Centre (MILC)

## Hifz and Kindergarten - Grade 8

### Fee Structure

Registration Fees \$200 (every once a year).

### Monthly Tuition Fees

- \$250 Academics Gr. 1-7 for 12 months (September – August)
- \$300 Academics Gr. 8 for 10 months (September-June)
- \$300 All Hifz Grades and KG for 12 months (September – August)

Parent/ Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Once the completed application form has been received, you will be contacted to arrange an interview. Your child may have to write the entrance exam, depending on the decision of the principal. Once all admission procedures have been completed, you will be notified of the decision regarding your child.

### Student Information:

First Name:	Middle Name:	Last Name:	Other:

Date of Birth: M/D/Y	Place of Birth:	Gender:	Citizenship(s):
/ /		Male:    Female:	

Apt/House #	Street Address:	City:	Province:	Postal Code:

Please check the correct box:

Academics                       Hifz                       Admission to grade: \_\_\_\_\_

Applicant live with:    Father                       Mother                       Both Parents   
   Step Father                       Stepmother                       Parents Divorced/ Separated

### For Office use only:

Void Chq Name: \_\_\_\_\_ AR#: \_\_\_\_\_ Class: \_\_\_\_\_

Registration Fees Received: \_\_\_\_\_ Date of entry to the school: \_\_\_\_\_



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### Parent/Guardian Information:

	Father	Mother
Name		
Home phone		
Cell Phone		
Email		

### Emergency Contact Information:(Other than Mother and Father)

	Emergency Contact # 1:	Emergency Contact # 2:
Name:		
phone #:		
Relation:		

### Health Information:

Health Card #: \_\_\_\_\_ Health coverage plan OHIP  Other

Family physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical condition(s)/ Allergies: \_\_\_\_\_

Is the applicant taking any medication on a regular basis? Yes  No

If yes, please state particulars:

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Educational History: Name of previous school: \_\_\_\_\_

Address of previous school      City      Province      Postal code

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Contact Us:

Address: 8452 Torbram Road, Brampton ON

Phone: 647-478-8340



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Does the student have an IEP (individual Education Plan)?    Yes     No

If yes, please provide details: \_\_\_\_\_

Was the student ever suspended?     Yes     No, how many times? \_\_\_\_\_

Was the student ever expelled?     Yes     No    If yes, please state details \_\_\_\_\_

### Pre-authorized payment

I authorize the payee to deduct from my account on the 25<sup>th</sup> day of each month a written notice to the contrary is given. I acknowledge that the financial institution at which I maintain my account is not required to verify that payment is drawn in accordance to this authorization. I will notify my payee if there are any changes to the account.

I acknowledge that I have read and understood all the terms and conditions of the preauthorized payments.

Signature of the Parents/ Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Note: Please complete the attached checklist as well.

### CHECKLIST FOR REGISTRATION RECEIVED

Registration will be processed after all information and documents are submitted.

Circle One			
1	Birth Certificate (Photocopy)	Yes	No
2	Immunization Record Card ( Photocopy)	Yes	No
3	Health Card (Photocopy)	Yes	No
4	Most Recent Report and received	Yes	No
5	Transfer letter	Yes	No
6	Tuition fees received (Void CHQ.)	Yes	No
7	Deposit (Non-refundable ) received	Yes	No
8	Split Class Agreement: _____ (Parent signature): _____		
9	Siblings (in the school): _____		

**Note:** Wearing a uniform is required and must be purchased from school. The information provided above is TRUE.

I consent to the use of my child's pictures in the school's social media and yearbook.

Student's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_