



# Masjid Syradina Omar Farooq

Tel. 416-281-3666

## Madressa Student Admission Form

Class Time : Monday - Friday (5:30 PM to 7:30 PM)

Name: First \_\_\_\_\_ Last: \_\_\_\_\_ Middle: \_\_\_\_\_

Sex: Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
( dd / mm / yyyy )

Father's / Mother's Name: \_\_\_\_\_

### Address:

Street : \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

### Medical Information:

Health Card Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Tel. \_\_\_\_\_

### DECLARATION BY PARENT / GUARDIAN :

*I hereby release Masjid Omar Farooq (A.K.M) from any claims of damage arising from any accident or injury which is caused by or arises from participation of the applicants(s) named herein, during any program or in any facility where the program is held.*

Parent's/ Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
( dd / mm / yyyy )

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### Office Use Only:

Student ID : \_\_\_\_\_ Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
( dd / mm / yyyy )

Program Manager's Signature: \_\_\_\_\_

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