



Peel Islamic Cultural Center (Masjid Ibrahim)
34-499 Ray Lawson Blvd L5W 1P2 Brampton Ontario
Masjidibrahim.ca Ph: 416-566-3830

Ibrahim Islamic School (IIS)

Empowering Tomorrow's Leaders with Strong Islamic Values

Admission Form

KG - Grade 8 & Hifz

Student Information:

First Name	Last Name	Date of Birth YY/MM/DD	
Place of Birth	Status in Canada:	Siblings in school	
Language spoken at home:	Does the child speak English?	# of years Islamic Education	
Name of Previous School			
Address	City	Phone #	Fax #
Reason for leaving previous school:			



Admission For	Enrolling Grade:	Entry Date YY/MM/DD
Hifz Class <input type="checkbox"/> Grade Class <input type="checkbox"/>		

Parental Information:

Father's First Name	Last Name	Occupation
Address	Postal Code	City
Cell Phone #	Home Phone	Email

Mother's First Name	Last Name	Occupation
Address	Postal Code	City
Cell Phone #	Home Phone	Email



Medical Information

Health Card #	Expiry Date:
Family Doctor's name:	Phone #
Does your child have any special learning, behavioral or physical difficulties?	

Emergency Contact Information: (besides Parents)

1.

Name:	Phone #	Relationship to Applicant

2.

Name:	Phone #	Relationship to Applicant



****PLEASE PROVIDE THE FOLLOWING UPON REGISTRATION (new students only) ***

Pre-authorized payment

I authorize the payee to debit from my account the account indicated below on the 25th day of each month until such time as 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 payments are drawn in accordance to this authorization. I will notify my payee if there are any changes to the account. I understand that payments will be deducted for 12 months of the year.

I authorize the Peel Islamic Cultural Center to process an electronic transfer from my account on the 25th day of every month in the amount of:

* \$ 250.00 for Hifz with academic

* 175 to \$ 200.00 for Grade Class

I acknowledge that I have read and understood all the terms and conditions of the pre-authorized payments.

Signature of Parents / Guardian: _____ Date _____



For Office use only			
First day of attendance	Date OSR received	Date OSR requested	Transfer Note
Name On Cheque		AR #	

CHECKLIST FOR REGISTRATION RECEIVED

***Registration will be processed when all information is submitted.**

		Circle One	
	Birth Certificate (photocopy)	Yes	No
	Immunization Record Card (Photocopy)	Yes	No
	Health Card (Photocopy)	Yes	No
	Most Recent Report card received	Yes	No
	Tuition Fees (cheques) received	Yes	No
	Deposit (Non refundable) received	Yes	No

Note: Dress Code Required