



Darul-Uloom Canada

51 Prince Street North Chatham ON N7M 4J7 Canada
Tel: (519) 360-1028 Fax: (519) 360-1023 Email: office@ducana.org
www.ducana.org

DATE: ____/____/____

STUDENT INFORMATION

Full Name _____
(First Name) (Middle Name) (Last Name)

Address _____
(Street) (City) (Province) (Postal Code) (Country)

Tel. Number: HOME (____) ____ - ____ WORK (____) ____ - ____ CELL (____) ____ - ____

Citizenship _____ How long have you been in Canada _____ Date of Birth ____/____/____
(Month) (Date) (Year)

Place of Birth _____ Gender: M F
(City) (Country)

Status in Canada _____ In case of student visa, expiration date ____/____/____
(Month) (Date) (Year)

Health Card No _____ Email Address _____

EDUCATION

Present Religious Education:

Name of Institute Attended _____

Address _____
(Street) (City) (Province) (Postal Code) (Country)

Tel. Number: (____) ____ - ____ Names of languages you studied/know: _____

Duration Attended _____ Reason for Leaving _____

Number of times the Nazira has been repeated _____ How much Quran memorized _____

Present Secular Education:

Name of School/College Last Attended _____

Address _____
(Number and Street)

(City) (Province) (Postal Code) (Country)

Tel. Number: (____) ____ - ____ Dates: From _____ To _____ Grade Completed _____

ADMISSION APPLIED FOR:

CHECK ONE ONLY: Hifz Class Alim/Alimah Class

In the case of Aalim/Aalimah, class you are applying for :

I'dadia Oola Thania Thalitha Rabi'ah Khamisa Saadisa

PARENT/GUARDIAN'S INFORMATION

Full Name _____
(First Name) (Middle Name) (Last Name)

Address _____
(Street) (City) (Province) (Postal Code) (Country)

Tel. Number: HOME (____) ____ - ____ WORK (____) ____ - ____ CELL (____) ____ - ____

Place of Birth _____ Citizenship _____ Occupation _____
(City) (Country)

Relationship with applicant _____ Email Address _____

EMERGENCY CONTACT				
Name _____	Tel. Number (_____) _____ - _____			
Address _____	(Street)	(City)	(Province)	(Postal Code) _____ (Country)
Relation to Student: _____				

MEDICAL INFORMATION
Does the applicant suffer from any illnesses? _____
If Yes, give details: _____
Is the applicant on regular medication? _____
If Yes, give details: _____
Does the applicant suffer from any allergies? _____
If Yes , give details: _____
Does the applicant's parent/guardian give consent to the Darul-Uloom Canada to act on their behalf in case of medical or dental treatment is needed? _____

OTHER INFORMATION
Has the applicant ever been convicted of any crime or offense? Yes No
If "yes" please give details and court judgment: _____
Applicant lives with: Father & Mother Father Mother Guardian Other _____
Is there a custody order in place for the applicant: Yes No

Declaration

We certify that the information we have provided on the form is true and accurate to the best of our knowledge. Moreover, we understand that the child will be admitted in the school on probation for three months. We accept and agree to abide by the rules and regulations of Darul-Uloom Canada.

Signature of Applicant : _____ Date: _____

Signature of Parent/guardian : _____ Date: _____

For Office Use Only

Remarks if any: _____

Signature of Principal: _____ Date: _____