



CREDIT COURSE REGISTRATION FORM

(PRINT CLEARLY AND COMPLETE ALL INFORMATION'S BELOW)

1. PERSONAL INFORMATION

LAST NAME/ SUR NAME										FIRST NAME / MIDDLE NAME										GENDER	
																				M F	

STUDENT'S OEN: - -

STREET NO.			STREET NAME																				APT. NO.	

CITY										M - <input type="text"/> - <input type="text"/>			PROVINCE: ONTARIO			

TEL. NUMBER: - - (HOME) - - (CELL)

DATE OF BIRTH (YYYY-MM-DD) / / HEALTH CARD NUMBER - -

EMERGENCY CONTACT NAME PHONE NUMBER OF EMERGENCY CONTACT - -

STUDENTS GMAIL:

2. COURSE SELECTION

COURSE 1:										CODE:			

UPGRADE: NEW:

ENTRY DATE AT MADINA ACADEMY: 2 0 2 5 - 0 2 - 0 1
(YYYY - MM - DD)

PREVIOUS / CURRENT SCHOOL ATTENDED:

ORIGIN TYPE: PUBLIC CATHOLIC OTHERS

UNIVERSITY INTERESTED PROGRAM(S): _____

MINISTRY INFORMATION:

CITIZENSHIP: CANADIAN OTHERS

FIRST LANGUAGE: ENGLISH OTHERS

BORN IN CANADA: YES NO

IF NO, ENTRY DATE TO CANADA - -
(YYYY - MM - DD)



MADINA Academy

COMMUNICATION WITH PARENTS:

NAME OF THE PERSON RECEIVING LETTERS																				
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EMAIL:

I _____ Certify that given information in this form is correct and true. I am responsible for the ensuring consequences. I understand that completion of this form does not necessarily guarantee that **MADINA** Academy offers that course or reserves a seat for me if accepted. I also understand this offer construed me as a part-time student and I will obey the Code of Conduct of **MADINA** Academy.

STUDENT SIGNATURE:	
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DATE:	2	0	2	-			-	0	1
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** SIGNATURE OF PARENTS/GUARDIAN (IF STUDENT UNDER 18):		DATE:	20	2	-			-	0	1
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(YY – MM - DD)

PLEASE WRITE THE COURSE(S) NAME YOU HAVE TAKEN IN **MADINA** ACADEMY:

GRADE	COURSES	Y YY – MM - DD

FOR OFFICE USE ONLY:

OUAC NUMBER	2	0	2	5	-															
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OCAS NUMBER																				
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NP NUMBER																				
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DAY SCHOOL CONFIRMATION (THIS PART TO BE COMPLETED BY DAY SCHOOL PRINCIPAL/DESIGNATE)		
THIS STUDENT IS ELIGIBLE TO TAKE THIS COURSE. AN UPDATED TRANSCRIPT IS ATTACHED		
NAME:	POSITION:	TEL:
SIGNATURE:	DATE:	SCHOOL: