



AI Huda Institute Canada

Application for Admission

Course Name
Registration No. For Official Use Only

Please print in dark blue ink

Section A: Student Information

1 Full Legal Name <i>Insert a comma after your first and middle name.</i>			Gender
First	Middle	Last (Family)	M/F
2 Date of Birth		Marital Status <i>Check the box that applies to your current status.</i>	
Month	Day	Year	Number and Age of Children
<input type="checkbox"/> Single		<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
<input type="checkbox"/> Widowed		Number	
		Age <i>Insert a comma to separate ages.</i>	
3 Occupation		E-mail Address	
4 Parent/Guardian/Spouse Name		Parent/Guardian/Spouse Occupation	Health Card No.
5 Primary Language(s) Spoken at Home		Country of Origin	Country of Citizenship
6 Permanent Mailing Address – Number, Street, Apt. No. (Home Country Address for International Applicants)			
City		Province	Postal Code
Telephone (Area Code/Number)		Country	Country of Permanent Residence
7 Current Mailing Address – Number, Street, Apt. No. (If different from your permanent address)			
City		Province	Postal Code
Telephone (Area Code/Number)		Country	

Section B: Emergency Contact Details

8 Name	Relation	Telephone	Home Address

Section C: Educational Background

9 Current School/University	Current Grade/Year	Main Subject	
10 Previous School/University	Dates of Attendance (From-To)	Qualification Obtained or Expected	Result
a			
b			
c			

Section D: Additional Information

11 Do you suffer from any medical conditions (e.g. Allergy, Diabetes, etc.) and/or learning disabilities? If yes, please provide details.
12 Are you affected by any circumstances (e.g. course, job) which may affect your punctuality, attendance or academic studies? If yes, please provide details.
13 What do you consider your strengths and weaknesses?
Strengths:
Weaknesses:
14 What are your interests/hobbies?

15 Why do you want to enrol in Al Huda Institute?

Section E: Activities

List and describe the most significant activities you have been involved in.

16 Extra Curricular Activities

Activity	Description of Activity
.....
.....

17 Volunteer and Community Service

Organization	Description of Work or Service
.....
.....

Section F: Referral

18 How did you hear about Al Huda Institute (e.g. website, flyer, newspaper, etc.)?

Section G: Services

Do you require any of the following services? If yes, please provide details.

19 Residence (Only applicable for the TQE course)

Student's Consent
 I _____ daughter of _____ have read all the rules and regulations of the Hostel. I promise that I will abide by all rules and regulations. In the case of a violation of any rules and regulations, the Institute has the right to take action.

Parent/Guardian's Consent
 I _____ parent/guardian of _____ have read all the rules and regulations of the Hostel. I will abide by and cooperate with the Institute in ensuring that all rules and regulations are followed.

20 Transport

Major Intersection	Closest Bus Stop
.....

21 Child Care

Name of Child	Date of Birth Month Day Year	Health Card No.
.....
Medical Condition(s) of Concern:	Sign(s) and/or Sympton(s) of medical condition:	

Name of Child (If more than one child)	Date of Birth Month Day Year	Health Card No.
.....
Medical Condition(s) of Concern:	Sign(s) and/or Sympton(s) of medical condition:	

22 Financial Support

Monthly Salary of Parent/Guardian/Husband	Number of Household members	In what areas do you require financial support?
.....	<input type="checkbox"/> Tuition Fees <input type="checkbox"/> Books <input type="checkbox"/> Transport <input type="checkbox"/> Hostel Expenses

By signing my name below, I confirm that the information in this form is true and correct to the best of my knowledge

Applicant Signature

Submission Date

Parent/Guardian Signature

For Official Use Only		
<input type="checkbox"/> Interview _____ Official Signature	<input type="checkbox"/> Assessment (Tajweed/Other _____)	<input type="checkbox"/> Fee Paid (Amount: _____)

