

☐ (1) ASA Academic School (Grades 1-8)

AISHAH SIDDIQAH ACADEMY

3707 Queen Street, Windsor, Ontario, N9C 1P2 asacademy@iaw-ca.com

Please select the applicable course by placing a check in the box*:

☐ (2) ASA Girls Hifdh/Gir	ls Hifdh and Academ	iics		
STUDENT INFORMATI	ION			_
NAME	DATE OF BIRTH (dd/mm/yyyy)	HEALTH CARD NUMBER	GENDER	GRADE AT INTAKE
PARENT/ GUARDIAN/I	EMERGENCY CON	TACT INFORMATION		
1) Father's Last Name:	Last Name: Father's First Name:			
Address:				
Primary Phone: ()	Se	econdary Phone: ()		-
Email:				
2) Mother's Last Name:		Mother's First Name:		
Address:				
Primary Phone: ()	Se	econdary Phone: ()		-
Email:				



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3) Emergency Contact 1 Last Name:	
Emergency Contact 1 First Name:	
Address:	
Primary Phone: ()	
Email:	
4) Emergency Contact 2 Last Name:	
Emergency Contact 2 First Name:	
Address:	
Primary Phone: () Email:	



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FEES PROGRAM

Program	Fee Breakdown	Your Fee Due Upon Registration (Please write)
Aishah Siddiqah Academy Full-time Academic School (for girls JK – Grade 8 and boys JK – Grade 3)	\$225 a month + one-time \$75 Registration fee	
OR	2 STUDENTS - \$400 a month + \$150 one-time Registration fee	
Aishah Siddiqah Academy Hifdh and Academics (for girls Grade 2 – Grade 8)	3 STUDENTS - \$525 a month + \$225 one-time Registration fee	
Aishah Siddiqah Academy Hifdh (for girls Grade 2 – Grade 8)	\$175 a month Hifdh only + one- time \$75 Registration fee	



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**Registration will only be accepted upon completion of the fee payment option below. Monthly cash payments will not be accepted.

Select one of the payment options below: ☐ Post-dated Cheque Payment Option – (6 months' worth of post-dated cheques dated either the 1st or 21st submitted immediately upon registration) ☐ Monthly Cheque Payment or E-Transfer – (payable no later than the 10th of every month at the Aishah Siddigah Main Office located at 3707 Queen Street, Windsor, ON N9C 1P2, or payable online to iawcan1430@gmail.com) ☐ Full Payment of Fees in Advance I _____ understand that if, for any reason, funds are not paid to the Islamic Academy Windsor account on the 5th of every month, if by monthly payment, or the 1st or 21st of every month, if by post-dated cheque payment, an additional \$10 fee will apply for the subsequent month. I understand that it is my responsibility to inform the madrasah of any changes. I understand that this agreement will be terminated upon the student(s)'s completion or cancellation from the madrasah. Waiver: I agree to release Islamic Academy Windsor, its employees, officers, directors, and will hold them harmless from any liability which may arise from incidents or accidents involving my child/children and myself while on Islamic Academy Windsor premises. I have read, understood and agree to the waiver and conditions on this form. Parent/Guardian Signature: _____ Date: ____ FOR OFFICE USE ONLY Date Received: Number of Student(s): Principal's Signature: ☐ Post-dated Cheques ☐ Monthly Payment ☐ Advance Payment Notes: