For Office Use Only □New □Returning ID# _____



After School Maktab Admission Form

In the Name of Allah, the Beneficent, the Merciful

Application	for Admission – Boys/Girls S	<u>ection</u>				
Students Name:						
First Name	Middle Name	Last Name				
Date of Birth:	Place of Birth	Grade				
Father's Name:	Place of Birth					
Mother's Name:	Place of Birth					
Home Address:		Apartment #				
City:	State:	Zip Code:				
Home Tel: () Cell: (_) Email:					
Previous School (Name):						
Address:	Pho	ne: ()				
Emergency Contact: (Name):	Phone	e: ()				
Emergency Contact: (Name):	Phone	e: ()				
Does the student have any of the following?	(Check all applicable)					
Asthma: Heart Disease: Epilepsy:	Allergy: other:					
Does the student has any special need?	_ If Yes specify:					
Does the student have any sight, hearing, or i	•					
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Students Name:First	st Name	Middle Name		Last Name		

Class Placement:	Fees Paid:	es Paid: Accepted by:				
President's Signature:		Maktab Head's Signature:				
Terms and Conditions						
 Class schedule is Monday to Friday, 5:00 pm to 7:30 pm Monthly tuition fee is \$150.00 (One hundred Fifty USD). All tuition fees due must be paid before the student can attend class. (Book fee of \$50 plus first month's tuition of \$150.00) 						
All school rules in written or other forms must always be adhered to.						
I hereby additionally consent that my son,						
Parent Name (print)	P	Carent Signature		Date		
Assessment Teacher: Level of Quran: Level of Islamic Studies:						