



In the Name of Allah, the Beneficent, the Merciful

Darul Quran WasSunnah

A New York State registered non-profit religious and educational organization

37-04 Street, Woodside, NY 11377 Tel: (347) 871-5876 web: darulquranwassunnah.org

DARUL QURAN WASSUNNAH

Application for Admission to Darul Quran WasSunnah – New Student

Please check one: () Takhassus () Alim Course () 1-yr Deen Intensive

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: _____ Phone: (____) _____ - _____

Emergency Contact: (Name): _____ Phone: (____) _____ - _____

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Do you have any of the following? (Check all applicable)

Asthma: _____ Heart Disease: _____ Epilepsy: _____ Allergy: _____ other: _____

Mental or Physical Handicap? _____ If Yes specify: _____

Do you have any sight, hearing or impairment that would require attention?

Terms and Conditions of the Darul Quran Wassunnah

- Class schedule is Monday to Friday, 8:30 am to 5:00 pm, Saturday, 8:30am to 12:30pm
- Monthly tuition fee is \$300.00 (three hundred USD).
- All tuition fees due must be paid before the student can attend class. (Book fee of \$300.00 plus first month's tuition of \$300.00)
- All school rules in written or other form must be adhered to at all times.

This Application is merely a request for admission. It becomes binding upon the undersigned only when the Applicant has been tested and formally accepted, and all fees are paid.

Darul Quran WasSunnah Administration reserves the right to admit or reject the Applicant. The school also reserves the right to exclude any student permanently or temporarily at any time that the Administration deems appropriate, either in the interest of the student or for the good of the institute.

I (we), the Parent(s) or Guardian(s) of (student name) _____ authorize Darul Quran WasSunnah to obtain any medical care as necessary for the welfare of my children through a qualified person, physician, or hospital, in case of any injury or sickness during school hours.

I (we), the Parent(s) or Guardian(s) of (student name) _____ hereby waive all rights and claims against the school and/or the masjid, its teachers and staff.

Signature

Date

Financial Aid (Zakat) Authorization

I, _____, hereby authorize the principal of Darul Quran WasSunnah, or his appointed agent, to collect zakat, saqadah, fitrah, or any other similar monetary charities, or of the like, on my behalf, for as long as I, or any such child upon whom I hold guardianship, am/is enrolled as a student of Darul Quran WasSunnah, and to use these amounts to fulfill the needs of the students and other expenses thereof or to keep it as property or as 'waqf' for Darul Quran WasSunnah.

I am currently eligible to receive Zakat and hereby promise to immediately notify the principal of Darul Quran WasSunnah if my eligibility changes while I, or any such child upon whom I hold guardianship, am/is enrolled as a student on Darul Quran WasSunnah.

Full Name (please print)

Signature

Date

*****OFFICE USE ONLY*****

Class Placement: _____ Fees Paid: _____ Accepted by: _____

Deen's Signature: _____ Principal's Signature: _____