



DARUL QURAN WASSUNNAH

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

## Application for Admission to Darul Quran WasSunnah

### Hifz al-Quran Program – Returning Student

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 \_\_\_\_\_

Language Spoken at Home / Parents' primary language: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apartment # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Child's Previous School (Name): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Emergency Contact: (Name): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Student may be released to the following individual(s): \_\_\_\_\_

Student may NOT be released to the following individual(s): \_\_\_\_\_

Does your child have any of the following? (Check all applicable)

Asthma: \_\_\_\_ Heart Disease: \_\_\_\_ Epilepsy: \_\_\_\_ Allergy: \_\_\_\_ other: \_\_\_\_\_

Mental or Physical Handicap? \_\_\_\_ If Yes specify: \_\_\_\_\_

Does your child have any sight, hearing or impairment that would require attention?

\_\_\_\_\_

Are there any activities that your child should refrain from?

\_\_\_\_\_

## Terms and Conditions of the Darul Quran Wassunnah

1. Return the completed application along with the following:
  - a. Official identifications, i.e. birth certificate or passport
  - b. Last report card and other relevant school records
  - c. Immunization records
  - d. Recent utility bill, i.e. Con Edison or gas bill
2. Class schedule is Monday to Friday, 8:30 am to 5:00 pm, Saturday, 8:30am to 12:30pm
3. Monthly tuition fee is \$300.00 (three hundred USD).
4. All tuition fees due must be paid before the student can attend class. (Admission fee of \$300.00 plus first month's tuition of \$300.00)

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 school.

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 of Parent or Guardian

\_\_\_\_\_  
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: \_\_\_\_\_