



Anjumane Islahul Muslemeen Institute (Masjid Noor Madrassa)

8608 Pohick Road Springfield ,Virginia 22153 www.aim-masjidnoor.org

Application for Admission in the Alim Course

Students Name: _____
First Name Middle Name Last Name

Date of Birth: _____ Place of Birth _____ Grade _____

Father's Name: _____

Mother's Name: _____

Home Address: _____ Apartment # _____

City: _____ State: _____ Zip Code: _____

Home Tel: (____) ____ - ____ Cell: (____) ____ - ____ Email: _____

Previous School (Name): _____

Address: _____ Phone: (____) ____ - ____

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

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

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

- Class schedule is Tuesday to Thursday, 8:30 am to 1:00 pm, Friday, 8:30am to 11am
 - Students are required to arrive on time prepared.
 - Monthly tuition fee is \$250.00 (two hundred and fifty USD).
 - All tuition fees due must be paid before the student can attend class. (Book fee of \$50.00 plus first month's tuition of \$250.00).
 - Any student requiring financial aid must obtain pre-approval from A.I.M. (Anjumane Islahul Muslemeen) Institute Administration.
 - All students are required to dress in accordance with Islamic Guidelines.
 - All institutional rules in written or other form must be adhered to at all times. Failure in doing so may result in suspension or expulsion.
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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.

A.I.M.(Anjumane Islahul Muslemeen) Institute 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 A.I.M.(Anjumane Islahul Muslemeen) Institute 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 A.I.M. (Anjumane Islahul Muslemeen) Institute, 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, 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 A.I.M. (Anjumane Islahul Muslemeen).

I am currently eligible to receive Zakat and hereby promise to immediately notify the principal of A.I.M. (Anjumane Islahul Muslemeen) Institute if my eligibility changes while I, or any such child upon whom I hold guardianship, am/is enrolled as a student of A.I.M. (Anjumane Islahul Muslemeen) Institute.

Full Name (please print)

Signature

Date

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

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

Principal's Signature: _____