



20__ EVENING HIFZ & NAZIRA APPLICATION FOR ADMISSION

(Starting Date: _____)

SECTION I. STUDENT INFORMATION

STUDENT ID: _____

LAST NAME: [Grid] FIRST NAME: [Grid] MI: [Grid]

ADDRESS 1 (House Number, Street Name): [Grid]

CITY: [Grid] STATE: [Grid] ZIP / POSTAL CODE: [Grid]

HOME PHONE NUMBER: [Grid] - [Grid] - [Grid] ALTERNATE PHONE NUMBER: [Grid] - [Grid] - [Grid]

SCHOOL GRADE: [Grid] AGE: [Grid] D O B: [Grid] - [Grid] - [Grid] GENDER: MALE FEMALE

SECTION II. PARENTS INFORMATION

FATHERS LAST NAME: [Grid] FIRST NAME: [Grid] MI: [Grid]

FATHERS E-MAIL ADDRESS: [Grid]

WORK NUMBER: [Grid] - [Grid] - [Grid] CELL NUMBER: [Grid] - [Grid] - [Grid]

MOTHERS LAST NAME: [Grid] FIRST NAME: [Grid] MI: [Grid]

MOTHERS E-MAIL ADDRESS: [Grid]

WORK NUMBER: [Grid] - [Grid] - [Grid] CELL NUMBER: [Grid] - [Grid] - [Grid]

SECTION III. EMERGENCY INFORMATION

EMERGENCY CONTACT LAST NAME: [Grid] EMERGENCY CONTACT FIRST NAME: [Grid] MI: [Grid]

PHONE NUMBER: [Grid] - [Grid] - [Grid] ALTERNATE PHONE NUMBER: [Grid] - [Grid] - [Grid]

SECTION IV. FEES AND METHOD OF PAYMENT (ALL FEES MUST BE PAID IN ADVANCE AT THE START OF EACH MONTH)

Fees: \$100 per kid (Monday to Thursday; 5 to 7 pm) | Registration Fees: \$25 (must be paid first month)

Void Check for direct deposit Credit Card: Visa MasterCard Discover AMEX

Credit Card #: [Grid] CV Code: [Grid] Expiration Date: [Grid] - [Grid]

NO CASH PAYMENT | Complete application form and full payment is required to process the registration. Incomplete applications will not be processed.

ALL PARENTS MUST READ AND ACKNOWLEDGE THE MMA HIFZ & NAZIRA PROGRAM RULES ON PAGE 2



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SECTION VI. MMA HIFZ & NAZIRA RULES

The Rules in this section are critical for the development and implementation of a quality education system with shared responsibilities between Parents, Teachers and MMA Administration. Additionally some of these rules are “MANDATORY REQUIREMENTS” that MMA has to abide by as part of the “Proffers” associated with our Zoning and Special Use permit. Failure to abide by these rules can jeopardize the organization and can result in fines and citations from the City of Manassas. Any costs, plus any administrative fees, associated with any fines or citations issues by the City of Manassas will be passed directly to the violator.

Hifz & Nazira Rules are as below:

- This program is for boys only from ages 10 years or above.
- **Schedule:** Monday to Thursday from 5 pm to 7 pm
- **Location:** 9059 Euclid Avenue, Manassas, VA 20110
- **Fees:** \$100 per kid
- All FEES MUST be paid via Automatic Bank Withdrawal or Credit Card to Avoid Additional Administrative overhead.
- ALL FEES will be deducted from Credit Card or Bank Account at the start of every month or Semester or School year, based on the plan selected by the parents.
- All parents MUST be punctual in dropping off and picking up children ON TIME without delay.
- Parents will be charged a late pickup fee of \$10 for first 5 minutes and \$1 a minute thereof (unless notified in advance).
- Parents are not allowed to sit in during the class. **Volunteers are welcome.**
- Parents MUST follow the parking rules when dropping off and Picking up kids.
- **ALL PARENTS/GAURDIANS MUST:**
 - When DROPPING off:
 - Park their vehicles and walk the children into the building
 - Sign their kids in when dropping them off
 - When PICKING up:
 - Park their vehicles and walk into the building to pick their children
 - Sign the Kids off when leaving the building
- All parents MUST ensure that their children are following the cleanliness and dress code for reciting the Holy Quran as below:
 - Have performed wudu.
 - Clean and proper clothes
 - Boys Should be encouraged to wear a kufi and MUST dress, such as; thobe, shalwar kameez or shirt/pants NO SHORTS or SHORT PANTS
 - Girls Must have a head cover and a full sleeves dress, such as; abayah, jilbab, shalwar kameez
- Clothing with pictures of living creatures is NOT ALLOWED.
- Homework MUST be completed before coming to class.
- These rules MUST be followed at all times.

PLEASE SIGN AND ACKNOWLEDGE ON NEXT PAGE (PAGE 3)



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1. I _____ recognize that the purpose of the information submitted in this application is to evaluate my Son/Daughters eligibility for enrollment into MMA’s Hifz & Nazira program. I understand that upon the completion of evaluation my Son/daughter may or may not be deemed eligible for the grade applied for and may be placed in a higher or a lower grade, based on the results of evaluation.

2. I _____ have read and understood the rules in “SECTION VI. MMA HIFZ & NAZIRA RULES”. I _____ acknowledge and agree to abide by these rules at all times to ensure the safety and security of the kids and protect the interest of MMA.

3. I _____ authorize MMA to deduct the payments from my Credit card or Bank Account as per the agreed upon schedule.

Signature _____

Date: _____

FOR OFFICE USE ONLY

STUDENT ID: _____

STARTING DATE: _____

LEVEL: BASIC INTERMEDIATE ADVANCE

PAYMENT SCHEDULE: MONTHLY

VOID Check or Credit Card is Included for Monthly Payment Mode YES NO

Signature of Person Receiving Application: _____

Name of Person Receiving Application

Date Application was Received