DARUL IMAN BUFFALO INC.

36 Stanislaus, Buffalo, NY 14212

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Darulimanbuffalo.org

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 Student Admission Form

*Please fill out the following fields accurately. Admissions will be processed in the order received. Copies of transcripts and immunization forms must be included with this form.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(FIRST NAME) (LAST NAME)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(STREET ADDRESS) (CITY) (STATE) (ZIP)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(DATE OF BIRTH) (EHTNICITY) (EMAIL)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MOTHER’S NAME) (PHONE NUMBER)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(FATHER’S NAME) (PHONE NUMBER)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PRIMARY CONTACT) (EMERGENCY CONTACT)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(LAST GRADE COMPLETED) (SCHOOL NAME, PHONE NUMBER)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PRIMARY CARE DOCTOR) (PHONE NUMBER)

*(admission form, continued)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(HISTORY OF ISLAMIC STUDIES)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MEDICAL CONDITIONS, IF ANY)

Enrolling for the 20 \_\_\_\_\_ -20\_\_\_\_\_ school year.

To be admitted to \_\_\_\_\_\_\_\_\_\_\_ year Alim course and/or \_\_\_\_\_\_\_\_\_\_\_ grade.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(STUDENT SIGNATURE) (GUARDIAN SIGNATURE)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(DATE)

*FOR OFFICE USE ONLY*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(RECEIVED BY) (DATE)

 **Terms and conditions of Darul Iman Buffalo Inc.**

* Class schedule is Monday to Friday, 7:45am to 4:15pm. Students are expected to be in the building for attendance at 7:30am.
* Tuition fee for each school year is $3300.00 (Three Thousand and Three Hundred Dollars).
* Book fee is $100.00 per student (One Hundred Dollars).
* The **Tuition fee** and **Book fee** is due **at the time of application approval.**
* Fees are Due annually or bi-annually. Monthly payments may be authorized (3 months in advance) pending approval by Darul Iman Administration. Parents are required to get authorization from the school first. If authorized, payments are due within the first five days of each month.
* Parents must provide the school with medical/immunization records, previous school records and any/all requested forms at the time of application interview.
* All school rules in written or otherwise must always be adhered to.

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

The Darul Iman administration reserves the right to admit or reject any applicant. The school also reserves the right to exclude any student, permanently or temporarily, at any given time the administration deems appropriate.

I (we) the parent(s) or guardian(s) of (student name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Darul Iman Buffalo to obtain any medical care 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; its teachers and staff.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature