



The Darul-Uloom of Atlanta

A Unit of Al-Farooq Masjid of Atlanta

Head Office: 442 14th Street NW, Atlanta, Georgia. 30318. Tel: 678-886-3457 – 404-874-7521

ADMISSION FORM

Date: _____

Ref No. _____

HIFZ **REVISION** **QUR'AN LEARNING** **ARABIC LEARNING** **AALIM**

STUDENT INFORMATION:

Surname _____ First Name: _____ Middle Name _____

Date of Birth: ___/___/___ Place of Birth: _____ Sex: Male Female

Street Address: _____ City: _____ State: _____ Zip: _____ Home Telephone(____) _____

Social Security No: _____ - _____ - _____ US Citizen Yes No Green Card Holder Yes No

U.S. Visa: Yes No. If Yes provide Visa Expiry date: ___/___/___ Passport Number: _____

Boarding (overnight stay) required: Yes No Health concerns/Allergies: _____

Health Insurance Name: _____ Number: _____

Doctor's Name: _____ Phone No: (____) _____

Have you ever been involved with the police? No Yes If 'Yes' please give details and court judgment: _____

PARENT/GUARDIAN INFORMATION:

Full Name: _____ Occupation: _____ Telephone: (____) _____

Emergency Contact Name: _____ Relationship: _____ Telephone: (____) _____

I, parent/guardian/student declare that the above information is true and accurate to the best of my knowledge. I accept and agree to

abide by all the policies and rules of DUL. Signature: _____ Date: _____

FOR OFFICE USE ONLY

Admission Fee: _____ **Security Deposit:** _____ **Advanced Fee:** _____ **Total:** _____

Agreed Fees: \$375 \$475 \$500 Other \$ _____ Explain: _____

Payment Schedule: Monthly (10th of each month) Quarterly (beginning of each term) Annually (beginning of each year)

Comments: _____

Amount Received _____ **Date:** _____

Administrator's Signature: _____ Date: _____