



The Atlanta Darul-Uloom

Head Office: 442 14th Street, NW, Atlanta GA. 30318. Tel: 678-886-2966 – 678-705-3241

Admission qualifications and procedures

1. The Darul-Uloom (DUL) admits new students all times a year. Forms for admission may be completed and submitted at anytime. Students will be tested after the Application for Admission has been submitted.
2. The **minimum age** for admission to the DUL Hifz program is 9 years and the maximum age is 14 years.
3. Applicants must pass the DUL's **entrance examination** in Qur'an reading.
4. The applicants past disciplinary and behavioral problems, if any, must be fully disclosed at the time of admission. Failure to do so will lead to immediate expulsion from the program.
5. Both parents/guardians and applicants must read and sign the declaration on the application form.
6. Admission Fee: \$100/-
7. **Tuition** is as follows:
 - Student – without boarding (no overnight stay): \$ 350.00* per month
 - Student– with boarding: \$ 450.00* per month

The fees can be paid annually, beginning of each term or monthly (10th of each month)

8. **Necessary documents** required with this application:
 - A. Medical certificate and immunization record from your family physician.
 - B. Two letters of recommendation regarding the suitability of the student for the course he hopes to undertake.
9. **Please do not bring your child to DUL until you have received the letter of acceptance from DUL.** Please bring the letter of acceptance with you when you come to drop off your child for the first time. Staff at DUL are not authorized to allow any child into the program without the letter of acceptance.



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APPLICATION FOR ADMISSION

Date: _____

Ref No. _____

PERSONAL INFORMATION:

Student information:

Student's Surname _____ First Name: _____ Middle Name _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: (____) _____ Boarding (overnight stay) required: ☐ Yes ☐ No

Date of Birth: ____/____/____ Place of Birth: _____ Sex: ☐ Male ☐ Female

Social Security No: _____ - _____ - _____ US Citizen ☐ Yes ☐ No If NO, Green Card Holder ☐ Yes ☐ No

If not U.S. Citizen or Green Card Holder, does the Student Visa: ☐ Yes ☐ No. If Yes provide the detail below:

Visa Expiry date: ____/____/____ Passport Number: _____

Health Insurance Name: _____ Number: _____

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

Does the student suffer from any serious or long-term illness (e.g. Epilepsy, Bronchitis, and frequent Headaches)? _____

Does the student suffer from any allergies? : _____

Has the student ever been involved with the police? ☐ No ☐ Yes If 'Yes' please give details and court judgment: _____

Parent/Guardian information:

Parent's or Guardian's full Name: _____

Occupation: _____ Work Telephone: (____) _____

Place of Employment: Name: _____

Address: _____

If Parents divorced or separated: who is the Custodial Parent? ☐ Mother ☐ Father Please provide address for both below:

Address of Father: _____

Address of Mother: _____

Emergency contact information:

Name of Relatives in the US: _____

Relationship: _____ Home Telephone: (_____) _____ Mobile Telephone: (_____) _____

Street Address: _____ City: _____

Province/State: _____ Country: _____ Postal Code: _____

PREVIOUS EDUCATION:**Islamic Education:**

Name of Madrasah / School Attended: _____

Street Address: _____ City: _____

Province/State: _____ Country: _____ Postal Code: _____ Home Telephone: (_____) _____

Nazera: (Reading of Quran) Number of Times Repeated: _____ Hifz: Number of Juz Memorized _____

Arabic/Urdu Languages: Names of Arabic/ Urdu books Studied: _____

What was the system of learning written Arabic/ Urdu: _____

Duration attended at the Madrasah: _____ Reason for Leaving Madrasah: _____

Payment schedule: ☐ Annually ☐ Beginning of each term: ☐ Monthly (10th of each month)

DECLARATION:

1. The information I have given on the form is true and accurate to the best of my knowledge. I understand that my application will be rejected if I have knowingly given false information. If admitted, a student may be expelled for providing false information on this form.
2. I have read and have had explained to me and understand all the questions on the form.
3. I agree to follow the rules and regulation of Darul-Uloom.
4. I agree to make all dues payment on time according to the schedule agreed and understand that my child may be asked to withdraw if the fees are not met.

Student's Name: _____ Signature: _____ Date: _____

Parent's or Guardian's Name: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY

Entrance examination:

Qur'an reading:

Tested by: _____ Passed ☐ Yes ☐ No

Comments _____

Financial:

Admission fee: \$100/-

Agreed fees: ☐ \$450 ☐ \$350 ☐ Other__\$_____ Explain: _____

Payment schedule: ☐ Monthly ☐ beginning of each term: ☐ Annually

Amount Received_____ **Date:** _____ **Balance to be paid:** _____ **Due Date:** _____

Remarks:

Signed Co-Directors or Designate: _____ **Date:** _____