



EVENING MAKTAB APPLICATION FOR ADMISSION

STUDENT ID:

COMPLETE application form and FULL payment is required to process the registration.

APPLICATION DATE:

INCOMPLETE applications WILL NOT be processed.

For official use only

Mon - Thu | 5:30 PM - 7:30 PM

NOTE: Any field highlighted in red below is a "required" field and must be filled to have a complete form. You can save the form once filled on your local computer and send it via email at info@manassasmuslims.org. Please provide complete and accurate information to avoid any delays in processing.

SECTION I: STUDENT INFORMATION

LAST NAME: FIRST NAME: MI:

ADDRESS 1 (House Number, Street Name):

CITY: STATE: ZIP / POSTAL CODE:

HOME/CELL PHONE NUMBER: *Ex: 703-123-1234* ALTERNATE PHONE NUMBER: *Ex: 703-123-1234*

SCHOOL GRADE: AGE *In years*: D O B: *Format: MM/DD/YYYY*

GENDER: Male Female

SECTION II. PARENTS INFORMATION

FATHER'S LAST NAME: FATHER'S FIRST NAME: MI:

FATHER'S E-MAIL ADDRESS: *Ex: sample@gmail.com*

WORK NUMBER: *Ex: 703-123-1234* CELL NUMBER: *Ex: 703-123-1234*

MOTHERS LAST NAME: MOTHER'S FIRST NAME: MI:

MOTHERS E-MAIL ADDRESS: *Ex: sample@gmail.com*

WORK NUMBER: CELL NUMBER:

SECTION III. EMERGENCY INFORMATION

EMERGENCY CONTACT LAST NAME: EMERGENCY CONTACT FIRST NAME: MI:

PHONE NUMBER: *Ex: 703-123-1234* ALTERNATE PHONE NUMBER:

SECTION IV. ALLERGY/MEDICAL CONDITION/SPECIAL NEEDS INFORMATION (PLEASE LIST ANY AND ALL BELOW)

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

Fees: \$125 per month per student payable to Manassas Muslim Association by the 1st of each month | Sibling discount is available.



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MMA will only accept credit card or direct deposit for the fees. No cash payment will be accepted. If you select the Credit Card option, you can either provide the info below or call us at (703) 962-7477 to process the credit card monthly payment.

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

Credit Card #: CV Code Expiration Date (MM - YYYY): Name as appear on card:

No Cash Payment | Complete application form and full payment is required to process the registration. Incomplete applications will not be processed. Please note that Financial Assistance is available on request.

SECTION VI. SIBLING (#1) INFORMATION (IF APPLICABLE)

STUDENT ID:

For official use only

LAST NAME: FIRST NAME: MI SCHOOL GRADE AGE In years DOB: Format: MM/DD/YYYY GENDER: MALE FEMALE

ALLERGY INFORMATION (IF APPLICABLE)

Large text area for allergy information.

SECTION VI. SIBLING (#2) INFORMATION (IF APPLICABLE)

STUDENT ID:

For official use only

LAST NAME: FIRST NAME: MI SCHOOL GRADE AGE In years DOB: Format: MM/DD/YYYY GENDER: MALE FEMALE

ALLERGY INFORMATION (IF APPLICABLE)

Large text area for allergy information.

SECTION VI. SIBLING (#3) INFORMATION (IF APPLICABLE)

STUDENT ID:

For official use only

LAST NAME: FIRST NAME: MI SCHOOL GRADE AGE In years DOB: Format: MM/DD/YYYY GENDER: MALE FEMALE

ALLERGY INFORMATION (IF APPLICABLE)

Large text area for allergy information.



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ALL PARENTS MUST READ AND ACKNOWLEDGE THE MMA MAKTAB RULES

SECTION VII. EVENING MAKTAB 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.

- Maktab is for kids 7 years to 15 years old.
- Schedule: Monday to Thursday 5:30 pm to 7:30 pm
- Location: 9059 Euclid Avenue, Manassas, VA 20110
- FEES: \$125 per month per kid [sibling discount is available]
- 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:
 - o When DROPPING off:
 - Park their vehicles and walk the children into the building
 - Sign their kids in when dropping them off
 - o When PICKING up:
 - Park their vehicles and walk into the building to pick their children
 - Sign the Kids off when leaving the building
 - o DO NOT BLOCK THE ENTRANCE OF THE BUILDING OR THE ROAD
- All parents MUST ensure that their children are following the cleanliness and dress code for reciting the Holy Quran as below:
 - o Have performed wudu
 - o Clean and proper clothes
 - o Boys should be encouraged to wear a kufi and MUST dress, such as; thobe, shalwar kameez or shirt/pants NO SHORTS
 - o 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 PERMITTED.
- Homework MUST be completed before coming to class.
- These rules MUST be followed at all times.

PLEASE SIGN AND ACKNOWLEDGE

1. I, _____, recognize that the purpose of the information submitted in this application is to evaluate my student(s) eligibility for enrollment into MMA Evening Maktab Program.
2. I, _____, have read and understood the rules in “SECTION VII. MMA EVENING MAKTAB PROGRAM RULES”. I, _____, acknowledge and agree to abide by these rules at all times to ensure the safety and security of the student(s) 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.



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[Redacted Signature Field]

**SIGNATURE OF PARENT
GAURDIAN**

[Redacted Name Field]

NAME OF PERSON SIGNING

[Redacted Relationship Field]

**RELATIONSHIP TO
STUDENT(S)**

[Redacted Date Field]

DATE:

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FOR OFFICE USE ONLY

Parents should not fill anything in this section below.

STUDENT ID: _____

STARTING DATE:

[Date Input Boxes]

LEVEL:

BASIC

INTERMEDIATE

ADVANCE

PAYMENT SCHEDULE:

MONTHLY

SEMI-ANNUAL

ANNUAL

VOID Check or Credit Card is Included for Monthly Payment Mode

YES

NO

Application Accepted by

Application Received on

Signature of Person Accepting Application