



TEALIM UN NISA APPLICATION FOR ADMISSION

STUDENT ID:

APPLICATION DATE:

For official use only

COMPLETE application form and FULL payment is required to process the registration. INCOMPLETE applications WILL NOT be processed.

Mon to Thu - 5:30 PM - 7:30 PM | Sisters only 18 years & up

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: \$100 per month per student payable to Manassas Muslim Association by the 1st of each month | Sibling discount is available.



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ALL PARENTS MUST READ AND ACKNOWLEDGE THE MMA MAKTAB RULES

SECTION VII. TEALEEM UN NISA 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.

- Talim un Nisa is for sisters only 18 years old or above.
• Schedule: Mon to Thu 5:30 pm to 7:30 pm
• Location: 9059 Euclid Avenue, Manassas, VA 20110
• FEES: \$100 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 students MUST be punctual for the class.
• Only registered students are allowed to sit in during the class.
• All students must follow the cleanliness and dress code for reciting the Holy Quran as below:
o Have performed wudu
o Clean and proper clothes
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, [redacted], recognize that the purpose of the information submitted in this application is to evaluate my student(s) eligibility for enrollment into MMA Talim un Nisa Program.
2. I, [redacted], have read and understood the rules in "SECTION VII. MMA TALIM UN NISA PROGRAM RULES". I, [redacted] 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, [redacted], authorize MMA to deduct the payments from my Credit card or Bank Account as per the agreed upon schedule.



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Signature of Parent/Guardian box

SIGNATURE OF PARENT GAURDIAN

Name of Person Signing box

NAME OF PERSON SIGNING

Relationship to Student(s) box

RELATIONSHIP TO STUDENT(S)

Date box

DATE:

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FOR OFFICE USE ONLY

Parents should not fill anything in this section below.

STUDENT ID:

Student ID input field

STARTING DATE:

Starting date input field

LEVEL:

Radio button

BASIC

Radio button

INTERMEDIATE

Radio button

ADVANCE

PAYMENT SCHEDULE:

Radio button

MONTHLY

Radio button

SEMI-ANNUAL

Radio button

ANNUAL

VOID Check or Credit Card is Included for Monthly Payment Mode

Radio button

YES

Radio button

NO

Application Accepted by

Application Received on

Signature of Person Accepting Application