



**al-burooj academy**  
Planting The Seeds Of Knowledge

**APPLICATION FOR QUR'AN ADMISSION**

**STUDENT INFORMATION**

After School Qur'an Class:

Weekend Qur'an Class:

After School Hifdh-ul-Qur'an:

Weekend Hifdh-ul-Qur'an:

Applicant's Full Name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EDUCATIONAL HISTORY**

Last Qur'an Classes Attended \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Other Qur'an Classes Attended \_\_\_\_\_ Date Attended \_\_\_\_\_

Reasons for leaving your Qur'an Classes \_\_\_\_\_

Qa'ida → Completed: \_\_\_\_\_ Not Completed: \_\_\_\_\_

Nazira → Completed: \_\_\_\_\_ Not Completed: \_\_\_\_\_

Juz Memorized → \_\_\_\_\_



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**FATHER/GUARDIAN'S NAME**

Father's Name \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

**MOTHER/GUARDIAN'S NAME**

Mother's Name \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Student Lives at the Address above with:

Both Parents       Mother       Father       Other \_\_\_\_\_

The Applicant's Parents(s) are:

Married       Separated       Divorced       Widowed       Single

**SIBLINGS**

Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ Class Attending \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ Class Attending \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ Class Attending \_\_\_\_\_



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**STUDENT DEVELOPMENT INFORMATION**

Primary Language spoken at home \_\_\_\_\_

Other Languages in which your Child is Proficient \_\_\_\_\_

Does any of the following apply to your child? (If yes, provide professional reports.)

Physical/Health limitations affecting school attendance       Yes    No

Psychiatric/Psychosocial Problems                                       Yes    No

Behavioral Problems     Yes    No

Hearing/Visual Problems     Yes    No

Does the applicant take any prescribed medication or need any special medical attention?       Yes    No

Condition \_\_\_\_\_ Medication \_\_\_\_\_

Condition \_\_\_\_\_ Medication \_\_\_\_\_

*I certify that all information given in the application is complete and accurate. I understand that failure to disclose information about the applicant may affect the completion of the application process and will not guarantee enrollment in the upcoming school year. Information provided in the application is confidential and intended for school use only.*

\_\_\_\_\_  
*Parent/Guardian's Name*

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*

**For Office Use Only**

Date Application Received \_\_\_\_\_ Application Fee Paid \_\_\_\_\_  Check       Money Order       Cash