

L HADITH LATIFIAH USA HAFIZIA MADRASHA 13-51 Odell Street, Bronx, NY 10462 Phone: 347-208-9055

ADMISSION FORM

Student's Full Official Nar	ne:		
(First)	(Middle)		(Last)
(2)			
(3)			
Complete Address:		Apt/Suite/Floor	
City:Stat	eZipcode:	:DOB:	
Father's Full Official Nam	e: (First)	(Middle)	(Last)
Mother's Full Official Nan	ne: (First)		(Last)
Guardian's Official Name	: (if other than father/ Mother):(ddle) (Last)
Guardian's Relationship t	o Student: (if other than father/ N		Middle) (Last)
Parent's/ Guardian's Ema	il:		
Guardian's Address: (If di	fferent from student's addr	·ess)	
rarent's/ Guardian Phone Number: (Cell) (Home) (World		(Work)	
Ethnic Background Langu	age		
Any Relevant Medical/ H	ealth Problem or Issue:		
Seeking admission for: Hafiza Full-time Tuition fees	□Part-time □Alim Cou	rse □Darul Qirath □N	∕laktab
Program/ class	1 st Child	2 nd Child	3 rd Child
Hafiza	3000	2750	2500
Alim Course	3000	2750	2500
OTHER	3000	2730	2300

Transportation: There is a separate transportation monthly fee per child. Please contact us for Detail



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Payment Arrangement

- (a) Monthly Installment:
 - Monthly payment will be arranged for ten month or nine month periods. Payments should be made no later than 5th of each month.
- (b) Twice per year:
 - Payments will be made at the beginning and middle of the school year.
- - Payment in full should be made at the beginning of the school year.
- (d) Registration fee \$250, Book fee \$75 / Child

Late tuition and late fee.

If the payment is not received within the due date (no later than the fifth of each month) a late fee of \$15 per week will be charges to your account unless there are extenuating circumstance that may be acceptable

(Student's Signature)	(Father's/Guardia's Signature)	(Date: MM/DD/YYYY)
	Official use only-comments:	
	-	Signature of Administration