

MASJID ABUBAKR SIDDIQ

24449 Telegraph Rd, Brownstown MI 48134

www.masjidabubakrsiddiq.org

734.658.3664/734.765.6844

ADMISSION APPLICATION

ADMISSION APPLIED FOR:

FULL TIME HIFZ & ACADEMICS

DATE: _____

EVENING MAKTAB CLASS

STUDENT INFORMATION:

Full Name: _____ Birthdate: ____/____/____

Address: _____

Telephone: Home _____ Cell _____

EDUCATION:

Name of Last School: _____ Grade Completed: _____

Nazira of Quran Completed? _____

Any Portion of Quran Memorized? _____ If Yes, How Much? _____

PARENT/GUARDIAN INFORMATION:

Name: _____ Email: _____

Telephone: Home _____ Work _____ Cell _____

EMERGENCY CONTACT:

Name: _____ Relation to Student: _____

Telephone: _____

