



HIFZ ACADEMY APPLICATION 2018 – 2019

Application Fee: \$30

1st Child: \$120 per month

2nd Child: \$100 per month

Student's Information

Name: (First)		(Last Name)	
Date of birth:	Grade:	Gender: M __ F __	
Current address:			
City:	State:	Zip Code:	
Current School enrolled in:			
City:	State:	ZIP Code:	

Student's Qur'anic Background

Can the student read the Quran without help? Yes (reads very good) __ Yes (reads slow) __ No (does not read) __	
Has the student read the entire Qur'an in Arabic? Yes __ No __	
How many Juz' of Quran has the student memorized?	
Has the student ever attended a full-time Qur'an Memorization school before? Yes __ No __	
If yes, please provide the following information below:	
Name of School:	Date Attended:
School Address:	
Name of Teacher:	Phone No. of School:

Parent's and Emergency Contact Information

Parent/Guardian: (First, Last)		
Email:	Home Phone:	Cell Phone:
Parent/Guardian: (First, Last)		
Email:	Home Phone:	Cell Phone:
Emergency Contact Name:	Phone No.	Relation:
Alternate Emergency Contact Name:	Phone No.	Relation:

Medical Information

If the student has any medical problem, allergies, or requires daily medication, you are to provide the school with medical documentation(s).	
Student Doctor's Name:	Phone:
Address:	
Does student have a medical problem? Yes __ No __ If yes, explain briefly:	
Does student have any allergies? Yes __ No __ If yes, please list:	
Is student on daily medication? Yes __ No __ If yes, please list:	