



**STUDENT ENROLLMENT APPLICATION FORM**  
20601 West Warren. Dearborn Heights MI 48127  
Tel: (313)-271-0731

**APPLICATION:**            Sibling Enrollment            Yes            NO  
   Staff Enrollment            Yes            NO

**GRADE:**

Montessori     1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>     4<sup>th</sup>     5<sup>th</sup>     6<sup>th</sup>    7<sup>th</sup>     8<sup>th</sup>

**STUDENT INFORMATION: (Please Print Clearly)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Date of Entry in USA (If not born in USA): \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ MI (Zip Code) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student lives with: Both Parents     Father     Mother     Other

Father's Address: Check Box if same as above

Mother's Address: Check Box if same as above

Religion: \_\_\_\_\_ Primary Language (Student's): \_\_\_\_\_

Home Language (s) (Spoken at Home): \_\_\_\_\_

**Parents Marital Status:**

Married      Separated      Divorced

If separated or divorced, with whom does the child reside? \_\_\_\_\_

**FAMILY INFORMATION:**

**Father's Name:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Employer: Name:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Work Fax#:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Employer: Name:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Work Fax#:** \_\_\_\_\_

**EDUCATIONAL INFORMATION:**

**School most recently attended:** \_\_\_\_\_

**Grade Completed:** \_\_\_\_\_

**Previous School Address:** \_\_\_\_\_

**Previous School Phone #** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

<b>Emergency Contact Information</b> <b>Name:</b> _____ <b>Phone:</b> _____ <b>Relationship:</b> _____	<b>Emergency Contact Information</b> <b>Name:</b> _____ <b>Phone:</b> _____ <b>Relationship:</b> _____
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**ADMISSION POLICY**

Tawheed Center of Detroit School complies with the Qur'an and Sunnah that is well reflected in Islamic Law, Federal and State laws regarding non-discrimination, including Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973. Tawheed Center of Detroit School is committed to a policy of non-discrimination and equal opportunity for all persons regardless of race, gender, color, religion, creed, national origin, or ancestry. However, the school shall reserve the right to deny enrollment for any reason that may include record of unacceptable behavior and/or poor past academic performance.

### STATEMENT OF AFFIRMATION

I do hereby affirm that, to the best of my knowledge, all then statements made on this application are true and complete. I understand that any falsification herein could mean immediate dismissal of my child/ward. I also understand that this application does not guarantee admission of my child admission is solely the discretion of The Tawheed Center of Detroit School. I also understand that proper fees (as per, "2020-21 Tuition Plan" document) must be paid before my child can be officially enrolled.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:**

If submitting via email, please save the file with a file name, "Student First Name-Last Name-Grade.pdf" and email to [Admissions@school.masjdtawheed.org](mailto:Admissions@school.masjdtawheed.org)

Via mail, please save and print the completed form and mail it to the school address and put it to attention, "New Admission"

**The admission shall be confirmed ONLY after all dues are paid and the required documentation is submitted.**

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**For Official Use only:**

Date Application Received \_\_\_\_\_

Registration Paid: \_\$ \_\_\_\_\_

Birth certificate: \_\_\_\_\_; Transfer Documents: \_\_\_\_\_; Immunization Records: \_\_\_\_\_;

Proof of Address: \_\_\_\_\_

Admission Status:    ACCEPTED                   RETURNED                   REJECTED

Enrollment Number Assigned: \_\_\_\_\_