



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 1st 2nd 3rd 4th 5th 6th 7th 8th

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 #:** _____

Emergency Contact Information Name: _____ Phone: _____ Relationship: _____	Emergency Contact Information Name: _____ Phone: _____ Relationship: _____
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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, "2022-23 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

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.

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: _____