

Darul Uloom Seattle

NEW STUDENT APPLICATION FORM

Please complete the application form below in **BLOCK CAPITALS** and return to Darul Uloom.

1. APPLICANT DETAILS.

First Name: _____ Last Name: _____

Full Name (Arabic): _____

Date of Birth: _____ Age: _____ Country of Birth: _____

Current School: _____ Grade: _____

Address: _____

_____ Zip Code: _____

Home Phone: _____ Mobile: _____

Email: _____

2. PARENT/GUARDIAN DETAILS.

Father's First Name: _____ Last Name: _____

Address: _____

_____ Zip Code: _____

Home phone: _____ Mobile: _____

Work Phone: _____ Email: _____

Mother's First Name: _____ Last Name: _____

Address: _____

_____ Zip Code: _____

Home Phone: _____ Mobile: _____

Work Phone: _____ Email: _____

3. EMERGENCY AND MEDICAL INFORMATION.

Emergency Contact Information:

Full Name: _____ Relationship to applicant: _____

Home Phone: _____ Mobile: _____

Work Phone: _____

Medical Information:

Physician's Name _____ Phone: _____

Past Medical History:

Has the applicant ever been seriously ill, had a surgery, or had a serious accident? Please Explain _____

Please circle and present health concerns/medical concerns:

Bee sting allergy/allergies/asthma/diabetes/congenital anomalies/seizures/
scoliosis/emotional problems/urinary difficulties/ hearing difficulties/ visual
difficulties/cardiac difficulties/ abnormal bleeding.

Other: _____

4. OTHER DETAILS

Has the applicant had any involvement with the police? Yes No

If YES, please provide details: _____

Does the applicant have Special Education Needs? Yes No

If YES, please provide details: _____

Please provide below any other information which we should know about the applicant: _____

6. DISCLAIMER.

Darul Uloom of Seattle will not be held responsible in case applicant happened to get injured.

The Applicant **and** Parent/Guardian will be responsible for any damage done by the applicant to Darul Uloom's property.

Name of Applicant: _____

Signature of Applicant: _____ **Date:** _____

Name of Father (Guardian): _____

Signature: _____ **Date:** _____

Name of Mother (Guardian): _____

Signature: _____ **Date:** _____

7. DECLARATION.

We declare that the information we have provided in this form is true and accurate to the best of our knowledge. We also accept and agree to abide by the rules and regulations of Darul Uloom of Seattle.

Signature of Applicant: _____ **Date:** _____

Signature of Father (Guardian): _____ **Date:** _____

Signature of Mother (Guardian): _____ **Date:** _____