



Dawat-e-Islami  
USA

# Jamia-Tul-Madina

Application Form 2019-2020

## Student Information

Legal Name

First

Middle (If any)

Last

Date of Birth

MM/DD/YYYY

Right to Abode is USA

Yes  No

Home  
Address

Street Address

Apartment #

Ethnicity

City

State

Zip code

Nationality

Place of  
Birth

Phone

Email

Permanent USA Residence since

Residency after Admission

Off-Campus Hostel

Home

Your spoken language(s)

## Parent/Guardian Information

Legal Name

First

Middle (If any)

Last

Date of Birth

MM/DD/YYYY

Place of Birth

Home  
Address (If  
different  
from above)

Street Address

Apartment #

Nationality

City

State

Zip code

Occupation

Relation to  
Applicant

Phone

Email

## Academic Information

<b>School's Name</b>	<input style="width: 95%;" type="text"/>	<b>Type of school:</b> (Circle one)	<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Home-School	<input type="checkbox"/> Other
<b>Start Date</b>	<input style="width: 95%;" type="text"/>	<b>Date of Graduation</b>	<input style="width: 95%;" type="text"/>			
<b>Are you Currently Enrolled in School/College?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If Yes, what school year?</b>	<input style="width: 95%;" type="text"/>			
<b>Provider School/College Address</b>	<input style="width: 95%;" type="text"/>					
	Street	City	State	Zip Code		

## Islamic Education Information

<b>Name of Madarsa last attended</b>	<input style="width: 95%;" type="text"/>	<b>Type of Madarsa:</b> (Circle one)	<input type="checkbox"/> Quran Class	<input type="checkbox"/> Sunday School	<input type="checkbox"/> Alim Class	<input type="checkbox"/> Other
<b>Address</b>	<input style="width: 95%;" type="text"/>					
	Street	City	State	Zip Code		
<b>Phone</b>	<input style="width: 95%;" type="text"/>	<b>Duration attended</b>	<input style="width: 95%;" type="text"/>			
<b>Have you completed reciting (Nazra) the whole Quran?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If No, how much did you complete?</b>	<input style="width: 95%;" type="text"/>			
<b>Have you completely memorized the Quran?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If Yes, what year did you finish in?</b>	<input style="width: 95%;" type="text"/>			
<b>Have you memorized (Hifz) any part of the Quran?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If Yes, how much did you memorize?</b>	<input style="width: 95%;" type="text"/>			
<b>Have you joined an Alim course before?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Write down the books you have read or the level you achieved</b>	<input style="width: 95%;" type="text"/>			
	<input style="width: 95%;" type="text"/>					

## Emergency Contact Information

Contact details of three other people (apart from Parent/ Guardian on page 1) that we are authorized to contact, in case of Emergency.

<b>Emergency Contact #1</b>	<input style="width: 95%;" type="text"/>					
	Name	Phone	Relation to Applicant			
<b>Emergency Contact #2</b>	<input style="width: 95%;" type="text"/>					
	Name	Phone	Relation to Applicant			
<b>Emergency Contact #3</b>	<input style="width: 95%;" type="text"/>					
	Name	Phone	Relation to Applicant			

## Discipline Information

Other than traffic offences, has the applicant been convicted of any misdemeanor or felony?

Yes  No

Has the applicant had any involvement with a terrorist or anarchic group?

Yes  No

Has the applicant ever been placed on probation, suspended, removed or expelled from any previous schools?

Yes  No

If you answered Yes to any question, please provide full details, an explanation and approximate date for each incident.

Please attach your response to the end of the application.

## Medical Information

Does the applicant have any serious illness or injuries or has had in the past?

Yes  No

*If Yes, please provide full details*

Does the applicant have any known allergies?

Yes  No

*If Yes, please provide full details*

Does the applicant have any medical condition such as Cancer, Diabetes, or Blood Pressure etc?

Yes  No

*If Yes, please provide full details including details of prescribed medication, frequency etc.*

Does the applicant have any special needs?

Yes  No

*If Yes, please provide full details*

Does the applicant have Health Insurance?

Yes  No

Insurance  
Company's Name

Insurance Policy  
Number

## Authorization

**Please provide all the required documents listed below with your Application Form completed in full.**

**Applications will only be processed once we have received all documents.**

- |  |  |  |
|--|--|--|
| 1. Copy of Birth Certificate                                       | 2. Copy of Valid Passport or Permanent Resident Card | 3. High School Diploma and Transcript (School Report if student is still in High School) |
| 4. Letter of Recommendation from Nigran of Dawat-e-Islami for city | 5. Two recent Passport Size photo's                  | 6. Character reference letter  |

I understand that I may be recorded on the CCTV for safety and security purposes.

I understand that I may be photographed and/or videoed for track learning, displays, website, publications and electronic media.

I confirm that all information in this application (including any supplemental information) is factually true and honestly presented.

Signature of Applicant

Signature of Parent/Guardian

\_\_\_\_\_

\_\_\_\_\_

Print Name of Applicant

Print Name of Parent/Guardian

\_\_\_\_\_

\_\_\_\_\_

Date

Date

\_\_\_\_\_

\_\_\_\_\_

**Return completed Application Form (and also required Documentation) to:**  
 Admissions Dept, Jamia-Tul-Madina, 13130 Alston Rd, Sugar Land, TX 77498  
 Or Email at [Office@Jamiatulmadinausa.com](mailto:Office@Jamiatulmadinausa.com)

Any information given to Jamia-Tul-Madina / Dawat e Islami USA as part of this application/registration form will be treated with the strictest of confidence. Any Data collected will be, fairly and lawfully processed, for limited purposes, adequate, relevant and not excessive, accurate, not kept longer than is necessary, processed in accordance with the data's subjects rights, held securely and not transferred to other organisations unless required to do so by for health and safety legislation or other legal obligations.

Applicant Number		Date Admission Received			
Date of Interview		Outcome	Place offered to Applicant <input type="checkbox"/>	Conditional Offer <input type="checkbox"/>	Candidate Rejected <input type="checkbox"/>
Place accepted by applicant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Admission			
Enrollment Number		Class			
Jāmia Branch		Interviewed by			
Nazim e Jāmia Signature		Majlis Nigran Signature			

