



3020 Ligon Street, Raleigh, North Carolina 27607  
Telephone: (919) 821-1699, Fax (919) 821-2988  
www.alimanschool.org

## Hifz/Arabic Application 2014-2015

A. Name of Student(s):  
(Print First and Last Name)

1<sup>st</sup> Child \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
Month/Day/Year

2<sup>nd</sup> Child \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
Month/Day/Year

3<sup>rd</sup> Child \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
Month/Day/Year

B. Names of Parents: Father \_\_\_\_\_ Mother \_\_\_\_\_

C. Address: \_\_\_\_\_  
Street Address City State Zip Code

D. E-mail Address (REQUIRED): \_\_\_\_\_

E. Contact #: Father ( ) \_\_\_\_\_ Mother ( ) \_\_\_\_\_

### Class Instructors:

Imam Sameh Asal, Musa Muhammad, Hanan Mahmoud, and Zineb Baali

Please check one of the following options:

- Option 1: Mon-Fri 7-8am & Sat 9-12pm..... 8 hr per week ...Each child \$100.00 per month
- Option 2: Mon-Fri 7-8 am..... 5 hr per week ...Each child \$ 70.00 per month
- Option 3: Sat only 9-12pm ..... 3 hr per week ...Each child \$ 50.00 per month
- Arabic 4: Sat only 10 – 1pm ..... 3 hr per week ...Each child \$ 50.00 per month
- Options 3 & Arabic 4 \*\*\*9 – 1pm ..... 4 hrs per week ...Each child \$ 65.00 per month

CLASSES START SATURDAY, AUGUST 30, 2014

The monthly fee will be deducted automatically from the information provided on the void check. A void check must be submitted with this application. The first payment will be automatically deducted on September 15<sup>th</sup>, 2014.

**Check info: Bank**

**Routing #**

**Checking Acct #**

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use Only:	<input type="checkbox"/> Front Office	<input type="checkbox"/> Voided Check Attached	<input type="checkbox"/> HM ARIS
	<input type="checkbox"/> Business Manager Copy	<input type="checkbox"/> Hifz Program Coordinator Copy	