



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

Hifz/Arabic Application

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

1st Child

Date of Birth: ____/____/20____
Month/Day/Year

2nd Child

Date of Birth: ____/____/20____
Month/Day/Year

3rd 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:

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 weekEach child \$100.00 per month
- Option 2: Mon-Fri 7-8 am..... 5 hr per weekEach child \$ 70.00 per month
- Option 3: Sat only 9-12pm 3 hr per weekEach child \$ 60.00 per month
- Arabic 4: Sat only 10 – 1pm 3 hr per weekEach child \$ 60.00 per month
- Options 3 & Arabic 4 ***9 – 1pm 4 hrs per week ...Each child \$ 75.00 per month

CLASSES START : To Be Announced

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 15th, 2016. Students must properly withdrawn from program before reimbursement can be applied.

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