

Student Registration Form (Part A)

To Be Completed by Applicant																
Student Legal Name (as it appears on the birth certificate):					Date of Birth:		mm		dd		yyyy					
Last			First			Middle										
Residence Address of Student and Enrolling Parent:																
Street Address							Apartment/Unit #									
City							State		ZIP Code							
()		<input type="checkbox"/> YES		<input type="checkbox"/> NO		<input type="checkbox"/> Male		<input type="checkbox"/> Female								
Student Home Telephone		Student Married			Gender			Grade Level								
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Primary Language:									
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain:									
General Education Information																
Current / Previous School Name:																
<input type="checkbox"/> Elementary School		<input type="checkbox"/> Middle School		<input type="checkbox"/> High School		<input type="checkbox"/> University Applicant		<input type="checkbox"/> Bachelors		<input type="checkbox"/> Graduate		<input type="checkbox"/> Post-Graduate				
Education Level																
/		/		/		YES <input type="checkbox"/>		NO <input type="checkbox"/>		YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Attended From: (mm / yyyy)		To: (mm / yyyy)		Anticipated Graduation Date:				SAT		GED						
Are you a College/ University graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree Acquired:										
Is the prospective student employed?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, please select one:			<input type="checkbox"/> Temporarily Employed		<input type="checkbox"/> Internship		<input type="checkbox"/> Part-Time		<input type="checkbox"/> Full-Time	
Program Selection																
Student is applying to the following program:																
Madressah Taleemul Quran		<input type="checkbox"/>		تَعْلِيمُ الْقُرْآنِ		Jamea Aisha Girls Alima Program		<input type="checkbox"/>		جَامِعَةُ عَائِشَةَ الصِّدِّيقَةِ						
Taleemul Islam		<input type="checkbox"/>		تَعْلِيمُ الْإِسْلَامِ		Madinatul Uloom Boys Alim Program		<input type="checkbox"/>		عَالِمُ الْمَدِينَةِ						
Tahfeezul Quran		<input type="checkbox"/>		حِفْظُ الْقُرْآنِ		Darul Ifta		<input type="checkbox"/>		دارُ الْإِفْتَاءِ						
Weekend Halaqah		<input type="checkbox"/>				Higher Islamic Education		<input type="checkbox"/>								
Islamic Education Information																
Previous Madressah Name:						Phone:		()								
School Address / Location:																
Street Address/ Country						Suite #										
City						State		ZIP Code								
Attended From:		/		To:		/										
		(mm / yyyy)				(mm / yyyy)										

Student Registration Form (Part B)

Parent or Guardian Information

Enrolling Parent

<input type="checkbox"/> Resides With <input type="checkbox"/> Does not reside with		Relationship:	<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother	<input type="checkbox"/> Father <input type="checkbox"/> Stepfather	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify) _____
Last		First		Middle	
Citizen of United States		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Primary Language:	
Contact Numbers:					
Home: ()		Work Phone: ()			
Cell: ()		E-mail Address:			
Employer:		Job Title:		Nature of Work:	

Other Parent

<input type="checkbox"/> Resides With <input type="checkbox"/> Does not reside with		Relationship:	<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother	<input type="checkbox"/> Father <input type="checkbox"/> Stepfather	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify) _____
Last		First		Middle	
Citizen of United States		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Primary Language:	
Contact Numbers:					
Home: ()		Work Phone: ()			
Cell: ()		E-mail Address:			
Employer:		Job Title:		Nature of Work:	

Family Information

Parents are... (select all that apply)						
<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Mother Remarried	<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Father Remarried	<input type="checkbox"/> Father Deceased
If parents are divorced or separated, to whom should correspondence be sent?						
<input type="checkbox"/> I affirm that the above registered student has not been expelled from school attendance at any private or public school in Virginia or another state for offense in violation of school board policies relating to willful infliction of injury to another person.						
<input type="checkbox"/> I affirm that the above registered student has been expelled from school attendance at any private or public school in Virginia or another state for offense in violation of school board policies relating to willful infliction of injury to another person.						
<i>I am aware that making a false statement herein constitutes a Class 3 misdemeanor. I certify that all the information on this student registration form is true and correct to the best of my knowledge and belief. If this application leads to approval, I understand that false or misleading information in my application or interview may result in my release.</i>						

Parent/ Guardian or Applicant Signature	Date: (mm/dd/yyyy)
---	--------------------

To Be Completed by MTU Staff (with input from parent/ guardian)

DATE OF ENTRY (current) E R	ORIGINAL MTU ENTRY DATE	TRANSPORTATION CODE	TUITION CODE
-----------------------------------	-------------------------	---------------------	--------------