www.amda.us
academy.amda.us
248-686-2173

STUDENT ID:_____

In the Name of Allah, the Compassionate, the Merciful

AMDA ACADEMY

STUDENT APPLICATION FORM

(ONE FORM EACH)

STUDENT'S NAME

Last First Middle

DATE OF BIRTH

/ /

Month Day Year

Male	
Female	

School Year	2011 to 2012
	Starts on 9/11/2011

Grade at Regular School on 2011-2012	

Home Address:

Street Address APT#

City State ZIP

Home Telephone:

( ) -

Email

Parent/Guardian

Father Cell Phone

Mother Cell Phone

Other Cell Phone

HAS THIS CHILD ATTENDED ANY ISLAMIC EDUCATION PROGRAM ?

YES NO

Completed

Passed

Name of the institution Grade Level

NOTE: Please submit documentation of attendance/performance (Report Card, etc.)

DONATION: Total Number of Children

Membership Checked

1st Child +2nd Child + Additional = Total

Paid by: Check

Cash

Names of other children

SIGNATURE NAME (PRINTED) DATE:

One Child: $500 + Membership

Two Child: $800 + Membership

Additional Child: $800 + $100per child + Membership