



SELIMIYE MOSQUE

## Application Process

Selimiye Madrasa is requesting application of Hifz-ul Qur'an and academic education for the year of 2016-17.

Deadline: 30<sup>th</sup> May, 2015.

Each application is carefully evaluated by the Admission Committee.

Admission at Selimiye Madrasa is based on a combination of the following:

1. Past School Report Card
2. Teacher Recommendations
3. Student Interview.

### Step 1: Application

Fill out the application and mail it to: Selimiye Mosque 105-A Oakland Ave Methuen, MA 01844, or drop it off in person.

### Step 2: Follow up

Call or contact Selimiye Madrasa (**Phone: 978-975-4593**) if the school does not contact you within 2 weeks after application submission.

### Step 3: Interview

The Admission Committee will interview each student in person to determine if he qualifies to attend in the course of Selimiye Madrasa.

### Step 4: Fees/Donation

Food and Boarding: \$300.00/Month

If a student receives an acceptance letter, and the family wishes to enroll the student, they must make payment in full. If any family cannot afford the onetime payment, they may apply for the installment plan. The Admission Committee will determine eligibility on the basis of a family's financial status and need.



### **Step 5: All records**

After the completion of all of the steps, the applicant has to submit all **prior grade reports, legal residency, immunization records, and all relevant forms within 2 weeks of the school start.**

Please contact Admission Office of Selimiye Madrasa (978-975-4593) for further assistance or if you have questions.

### **Step 6: Dress Code**

Selimiye Hifz Program requires all students to abide by the following uniform. Khaki pants, blue shirt, polo shirt in summer. Students must use kufe/takke.

More information can be found in the Students Parents Handbook, which is given once your child is selected for the school.



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## Selimiye Madrasa Application

Date: \_\_\_\_\_

### STUDENT INFORMATION

Full Name \_\_\_\_\_

(First Name)

(Middle Name)

(Last Name)

Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

(Country)

Telephone: Home: \_\_\_\_\_ Cell \_\_\_\_\_

Citizenship \_\_\_\_\_ Status in US \_\_\_\_\_ Length of stay in US \_\_\_\_\_ DOB \_\_\_\_\_

Place of Birth \_\_\_\_\_ Gender: (M) \_\_\_\_\_ (F) \_\_\_\_\_

### EDUCATION

#### Present Religious Education:

Name of the Institution last attended \_\_\_\_\_

Address \_\_\_\_\_

(Country)

(Street)

(City)

(State)

(Zip Code)

Tel. Number \_\_\_\_\_ Languages taught in this school \_\_\_\_\_

Attended date: From \_\_\_\_\_ To: \_\_\_\_\_ Reason of leaving \_\_\_\_\_

Number of times the Nazirahas been repeated: \_\_\_\_\_ Amount of Quran memorized: \_\_\_\_\_

#### Present Academic Education:

Name of School last attended: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

(Country)

Tel: Number: \_\_\_\_\_ Date: From \_\_\_\_\_ To \_\_\_\_\_ Grade: \_\_\_\_\_

**ADMISSION APPLIED FOR:**

Check one only

Hifz Class \_\_\_\_\_ (Boys only)

Alema Class \_\_\_\_\_ (Girls Only)



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**PARENT/GUARDIAN'S INFORMATION**

Full Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code) (Country)

Tel. Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Citizenship \_\_\_\_\_ Occupation \_\_\_\_\_ Email \_\_\_\_\_

Place of Birth \_\_\_\_\_ Last 4 digit of Social Security# \_\_\_\_\_  
(City) (Country)

**EMERGENCY CONTACT:**

*OTHER THAN PARENTS*

1.Name \_\_\_\_\_ Relation \_\_\_\_\_ Cell# \_\_\_\_\_

2.Name \_\_\_\_\_ Relation \_\_\_\_\_ Cell# \_\_\_\_\_

3.Name \_\_\_\_\_ Relation \_\_\_\_\_ Cell# \_\_\_\_\_

Signature of Student \_\_\_\_\_

If minor signature of parent/guardian \_\_\_\_\_

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## EXAMS AND VACATIONS SCHEDULE FOR 2015-2016 SCHOOL YEAR

Trimester	Hifz, Islamic Education & Academic Classes
First	August 28 Sunday, 2016 – December 9 Friday, 2016 (Eidul Adha Break of 2016) (September 11 <sup>th</sup> Sunday September to 18 <sup>th</sup> Sunday)
Second	December 11 Sunday, 2015 – February 17 Friday, 2016
Third	February 19 Sunday, 2016 – June 3 Saturday, 2016

ANNUAL VACATION  
June 3, 2016 – July 9, 2016

ANNUAL GRADUATION CEREMONY  
June 3 Saturday, 2016

### NOTE TO PARENTS:

1. PARENTS/GUARDIANS ARE RESPONSIBLE FOR TRANSPORTATION TO AND FROM SELIMIYE MADRASA.
2. FLIGHT ARRIVAL BOOKINGS SHOULD NOT MADE BETWEEN 11:00 PM TO 9:00 AM (EASTERN TIME)
3. ALL AIRLINE RESERVATIONS AND TRAVEL ARRANGEMENTS MUST BE MADE FOR STUDENTS TO LEAVE SCHOOL AFTER THE END OF SCHOOL AND TO RETURN BEFORE THE START OF SCHOOL.
4. STUDENTS RETURNING LATE WITHOUT WRITTEN PERMISSION AFTER THE HOLIDAYS MAY BE EXPELLED FROM SELIMIYE MADRASA.

5. MONTHLY VACATIONS START AFTER JUMUAH PRAYER AND RETURN TIME IS SUNDAY NIGHT 7.00 PM.



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## GOAL OF HIFZ PROGRAM

The Hifz course is dedicated towards the memorization of the entire Holy Quran for certification as “Hafiz al-Qur’an”. Students are prepared to become upright citizens that can:

1. Pursue advance educational studies.
2. Teach the art of Qur’anic memorization to children and adults.
3. Lead the congregational Salah.
4. Lead the Taraweeh prayers in Ramadan with Khatm-ul Quran.

### REQUIREMENTS FOR GRADUATION INCLUDE;

1. Complete memorization of the Qur’an.
2. Knowledge and implementation of the rules of Tajweed.
3. Knowledge of the introductory Fiqh of ‘Ibadah (i.e. Wadhu, Salah, etc). The Hifz coursework is simultaneously completed with academic education.

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## Permission for Field Trips/Outing

I \_\_\_\_\_ (Parent Name)  
give permission for field trips/outing for \_\_\_\_\_  
(name of student) to Selimiye Madrasa with full consent and understand that  
Selimiye Madrasa will not be responsible for any incident during any trip/outing.

If any parents/guardian is able participate in any field trip/outing as a chaperone,  
indicate your interest by signing in the bottom,

Chaperone: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Contact #: \_\_\_\_\_

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## PERMISSION IN CASE OF EMERGENCY

I (Parent/Guardian Name) \_\_\_\_\_,

parent/guardian of \_\_\_\_\_ (student name)

give permission to Selimiye Madrasa to contact the physician or hospital in case of emergency when parents are not available.

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact #: \_\_\_\_\_

Name of preferred hospital: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Financial Aid Application

Required Documents:

Copy of last 2 (two) years Federal Income with W-2 of both parents.

Name of the Student \_\_\_\_\_

Current School \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code) (Country)

### Name of the Parents

Father \_\_\_\_\_ Mother \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code) (Country)

### Employment History of Father

Name of the Employers \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code) (Country)

### Employment History of Mother

Name of the Employers \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code) (Country)

### Siblings

Name of siblings \_\_\_\_\_

Ages \_\_\_\_\_

Signature of Parents:

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Do not write below:

Official decision: