معهد أبو بكر الإسلامي
ABUBAKAR ISLAMIC INSTITUE

Abubakar Islamic Institute Application
Abubakar As-Saddique Islamic Center
Address: 2824 13th Ave S, Minneapolis, MN 55407
Email: machad@abubakarmn.org

Student Information

Full Name: _____

Date of Birth: _____ Age: _____

Address: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Parent/Guardian Information

Parent/Guardian Full Name: _____

Relationship to Applicant: _____ Phone Number: _____

Parent/Guardian Full Name: _____

Relationship to Applicant: _____ Phone Number: _____

Educational Background

Current School: _____ Grade Level: _____

Islamic Knowledge and Goals

Have you attended any other Islamic education programs? (Yes/No) _____

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Additional Information

Are you registering for the AM (9-12:30pm) or PM (2-4pm) program? _____

How did you hear about this program? _____

Consent and Agreement

- ☐ I understand the commitment required for the two-year program and agree to adhere to the program guidelines.
- ☐ I understand that tuition payments will be set up as automatic recurring payment.

Applicant's Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____