ICB Muslim School

130 Lexington St., Burlington, MA 01803

Application for Enrollment

Parent Details

First Name _____ Middle Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email Address _____

Emergency Contact Name _____ Emergency Contact Phone _____

Student Details

First Name	Middle Name	Last Name	Gender	Date of Birth	Reg. School Grade	Sunday School	WDays Quran /ESL Classes	Hifz / Summer Program
						_	_ / _	_ / _
						_	_ / _	_ / _
						_	_ / _	_ / _
						_	_ / _	_ / _
						_	_ / _	_ / _
						_	_ / _	_ / _

Financial Agreement

Payment Plan (Check one)

Annual: _____ Biannual: _____ Quarterly: _____ Monthly: _____

Payment Mode (Check one) Checks: _____ Credit Card: _____

Checks: I am submitting _____ checks along with this registration form for a total amount of $_____ towards the payment of registration & tuition fee of amount $_____.

Credit Card: Name on Credit Card: _____

Credit Card No: _____ - _____ - _____ - _____

Expiration Date: _____ CVV No: _____

I agree to fulfill my promise to pay the ICBMS fee in full for the above registered students as per the payment options selected.

_____ _____ /_____ /_____

Parent's Signature Date

For Official Use Only
Payment Invoice

Reg/Books Fee: $ _____

Tuition Fee: $ _____

Donation: $ _____

Total: $ _____

Amount Paid: $ _____

Amount Due: $ _____

Paid Via: _____

Date: _____

Received By: