

**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	Summer School	Sunday School	Week Days School	Hifz School
						-	-	-
						-	-	-
						-	-	-
						-	-	-
						-	-	-
						-	-	-

**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registered students as per the payment options selected, I am also responsible to notify ICBMS in case the student is withdrawn from the school.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 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: \_\_\_\_\_