

Ihsan School of Excellence Tuition Agreement Form

Fax: 315- 701- 2859

Lighting the way for your children

Student(s) Name: _____

Grade(s): _____

I would like to enroll my child at Ihsan School of Excellence for the 2016-2017 academic schoolyear. I agree to pay tuition for my child/ren in the 1st of each month, one month in advance. To ensure a place for my child, I have submitted the non-refundable registration and the first month's tuition.

Preschool-8th Grade Tuition:

Registration/Family

- 1 Student (\$575/Month)
- 2 Students (\$1050/ Month)
- 3 Students (\$1500/ Month)
- 4 Students (\$1950/ Month)

\$200

Part-Time Preschool-Three full days (\$435/Month)

Total Paid at Registration:

Cash Check # _____ Date _____ Debit/Credit Card

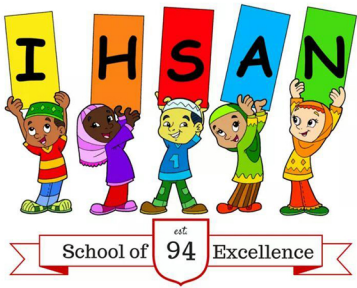
Total Monthly Payment = \$ _____/month for () 10mo. or () 12 mo.

I agree to pay tuition for my child/ren in the 1st of each month, one month in advance. I understand there are no tuition deductions for planned or unplanned absences. I also agree to notify the school one month in advance, in writing, of withdrawal. I understand that if payment is not received by the 5th of the month, the payment is considered late. I understand that non-payment of my account will result in the dismissal of my child/ren on the 7th day of the month, or which payment was not received. My child/ren will not be allowed to return to school until payment of my account balance has been made in FULL. I understand that the NON-REFUNDABLE registration fee and the first two months of tuition are due upon registration. The NON-REFUNDABLE books and testing fees are due by December 1st. I also understand that my child/ren's records will not be released until full payment of my account is made. I have read and understand Ihsan School payment schedule and tuition payment guidelines.

Parent/Guardian Name (Please print)

Signature

Date



Ihsan School of Excellence Tuition Easy-Pay Form

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Lighting the way for your children

I, _____, hereby authorize Ihsan School to charge my account on the beginning of each month. The amount authorized is the amount that I signed in the tuition agreement. I understand that the school will not contact me to get any other approval. This agreement is valid until the end of the school year.

Account Information:

Please check one:

Visa Master Card Discover Card American Express

() Credit/() Debit Card #: _____ - _____ - _____ - _____

Expiration Date: (MM/YY) _____

Amount to be charged on the beginning of each month: \$ _____

I also authorize Ihsan School to charge my account by December 1st **\$150/year/child** for books and testing fee.

Name (please print): _____ Phone: _____

Address: _____ City _____ Zip _____

Signature: _____

Date: _____