

**IHSAN SCHOOL OF EXCELLENCE: REGISTRATION FORM 2026-2027**

**Info@ihsanschool.org 315-472-5040 Fax 315-701-2589**

**APPLICANT INFORMATION**

**Student Name:**

**Date:**

(Last) (Middle) (First)

Date of Birth:

Male/Female: M F  
(Please circle)

Grade Entering:

Current Address:

City:

State:

Zip Code:

Bus Transportation: Yes No (Please circle)

Home District:

Native Language:

**(For New Applicants only)** Last School Attended:

Last Grade Completed:

School Phone Number:

**YOUNGER SIBLINGS APPLYING TO IHSAN SCHOOL**

**Student Information**

**Date of Birth**

**Gender**

**Grade Entering**

**Name**

M F

**(For New Applicants only)** Last School Attended:

Last Grade Completed:

School Phone Number:

**Name**

M F

**(For New Applicants only)** Last School Attended:

Last Grade Completed:

School Phone Number:

**Name**

M F

**(For New Applicants only)** Last School Attended:

Last Grade Completed:

School Phone Number:

**Name**

M F

**(For New Applicants only)** Last School Attended:

Last Grade Completed:

School Phone Number:

**PARENTAL INFORMATION**

**Mother/Guardian's Name:**

Mother/Guardian's Occupation:

Employer's Name:

Home Phone:

Work Phone:

\*Cell Phone:

\*Email Address:

\* Information will be used for communication purposes by school staff.

**Father/Guardian's Name:**

Father/Guardian's Occupation:

Employer's Name:

Home Phone:

Work Phone:

\*Cell Phone:

\*Email Address:

\* Information will be used for communication purposes by school staff.

**By filling out and returning the student registration form and the applicable fees, I accept and agree to abide by all school policies and rules. Parent Name (in print):**

**Signature:**

**IHSAN SCHOOL OF EXCELLENCE: REGISTRATION FORM 2026-2027****TUITION & FEES INFORMATION**

1. Please enclose a \$200 Non-Refundable Registration fee (per family) with the form and return to Ihsan School of Excellence

2. Books/Testing Fee: Annual Fee of \$150/ Per Child to be paid no later than December 1<sup>st</sup>

3. Tuition Scale:

1st Student (10 Months)	2 <sup>nd</sup> Student (10 Months)	3 <sup>rd</sup> Student (10 Months)	4 <sup>th</sup> Student (10 Months)	Part-Time Preschool-Three full days
\$675/Month	\$525/Month	\$500/Month	\$400/Month	(\$550/Month)

**FAMILY TUITION:**

1 Child	2 Children	3 Children	4 Children	Part-Time Preschool – Three full days
\$675/Month	\$1200/Month	\$1700/Month	\$2100/Month	\$550/Month

**TUITION PAYMENT AGREEMENT**

Student's Full Name:

1.	3.	5.
2.	4.	6.

**I would like to enroll my child(ren) at Ihsan School of Excellence for the 2026-2027 academic school year. I agree to pay the tuition for my child(ren) on the 1<sup>st</sup> 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.**

**REGISTRATION/FAMILY: \$200.00**

1 <sup>st</sup> Month Tuition (Sept)	\$
2 <sup>nd</sup> Month Tuition (Oct)	+ \$
Total Paid (at Registration): <input type="checkbox"/> Debit/Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Check Dated: _____	= \$

Total Monthly Payment: \$ \_\_\_\_\_/Month for  10 Month Or  12 Month

**Notes for Administration Only:**

**Easy Pay: Automatic Tuition Payment**

I authorize Ihsan School to charge my account at 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. I also authorize the school to charge my account by December 1<sup>st</sup> for the Books & Testing Fee.

**Account Information:**

Name on the Card:		Address:	
City:		State:	Zip Code:
<input type="checkbox"/> Credit <input type="checkbox"/> Debit: Card # _____ - _____ - _____		Expiration Date (MM/YY):	CVV:
Monthly Amount to be Charged: \$			
Signature of the Cardholder:		Date:	

**I agree to pay tuition for my child(ren) on the 1<sup>st</sup> 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 5<sup>th</sup> 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 7<sup>th</sup> day of the month,** for which payment was not received. My child(ren) will not be allowed to return to school until payment of my account balance has been paid in FULL. I understand that the NON-REFUNDABLE registration fee and the first two months of tuition are due upon registration. The NON-REFUNDABLE book and testing fee is due by December 1<sup>st</sup>. I also understand that my child(ren)'s records will not be released until payment of my account is made, in full.

**I have read and understand Ihsan School Payment schedule and guidelines.**

Parent/Guardian Name (Please print):	Date:
Signature of Parent:	

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**TEXTBOOK & TECHNOLOGY CONTRACT**

I understand that the materials (i.e. textbooks, workbooks, technology etc.) issued to my child(ren) anytime during the school year are on loan to them. I also understand that I am responsible for any loss or damage of the materials, while they are in my child's possession. I agree to replace any materials that are lost or damaged.

Parent/Guardian Name:	Signature:	Date:
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**STUDENT PICK UP AUTHORIZATION**

The following people are authorized to pick up my child(ren) from school (Valid ID maybe required):

Name:	Relationship:	Phone Number:
1.		
2.		
3.		

School should be notified in advance if someone other than the parent will pick up the child(ren).

**I understand that people who are not listed here will not be allowed to take my child(ren) from the school property, without written permission, from the parent.**

Parent/Guardian Name:	Signature:
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**FAMILY EMERGENCY CONTACT**

Every effort will be made to reach you in case of an emergency involving your child.  
Please fill the required information below **in case you cannot be reached.**

Emergency Contact Name	Address	Phone Number
Family/Child's Doctor	Address	Doctor's Office Phone Number:
*In the event of an extreme emergency, and none of the individuals above can be contacted, school authorities will send the child to the nearest hospital.		
Signature of Parent/Guardian:		Date:

**EMPOWER Ihsan School of Excellence**

Annual Fundraising Dinner: Parent's participation and attendance is mandatory for the sustainability and long-term and viable success of the school. It is very important that you invite families and friends from the community to come and support the school. This is our primary annual event: that we, as parents, board members, administration, staff and students need to exemplify our unified partnership and full support.

Signature of Parent/Guardian:	Date:
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**MY PLEDGE: All contributions are tax-exempt**

Yes, I will make dua and support Ihsan School of Excellence by pledging/collecting an annual donation or Zakat of:

<input type="checkbox"/> \$2000	<input type="checkbox"/> \$1500	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$500	<input type="checkbox"/> Other: _____
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Credit  Debit: Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date (MM/YY): CVV:

Cardholder Name:	Signature:
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I will make dua for the success of Ihsan School's staff and students, however, I am unable to make a pledge at this time.

Signature of Parent/Guardian:	Date:
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