IHSAN SCHOOL OF EXCELLENCE: REGISTRATION FORM 2025-2026 <u>Info@ihsanschool.org</u> 315-472-5040 Fax 315-701-2589

APPLICANT INFORMATION							
Student Name: Date:							
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			MF				
(For New Applicants only) Last School Attended:		Last Grade Completed:	School Phone Nu	mber:			
Name			MF				
(For New Applicants only) Last School Attended:		Last Grade Completed;	School Phone Number:				
Name			MF				
(For New Applicants only) Last School Attended:		Last Grade Completed:	School Phone Nu	mber:			
Name			MF				
(For New Applicants only) Last School Attended:		Last Grade Completed:	School Phone Nu	mber:			
		PARENTAL INFO	RMATION				
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 re rules. Parent Name (in print): Signa	gistration for	m and the applicable fe	es, I accept and agre	ee to abide by all school policies and			

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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 st							
3. Tuition Scale:							
1st Student (10 Months)	2 nd Student (10 Months			4 th Student (10 Months)		Part-Time Preschool-Three full days	
\$575/Month	\$475/Monti	h \$450	D/Month		\$450/Month		(\$450/Month)
FAMILY TUITION:							
1 Child	2 Children	2 Children 3 Children			4 Children		t-Time Preschool – Three full days
\$575/Month	\$1050/Mont	th \$150	\$1500/Month		\$1950/Month		\$450/Month
		TUITION PAYN	MENT AGR	EEMEN	Di		-
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 2025-2026 academic school year. I agree to pay the tuition for my child(ren) on the 1 st 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 st Month Tuition (Sept) \$							
2 nd Month Tuition (Oct) + \$							
Total Paid (at Registration): Debit/Credit Card Cash Cash 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 1st for the Books & Testing Fee.							
Account Information:							
Name on the Card: Address:							
City:				State: Zip Code:			
□ Credit □ 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 for planned or unplanned absences. I payment is not received by the 5 th of the m the dismissal of my child(ren) on the school until payment of my account balanc of tuition are due upon registration. The N records will not be released until payment	also agree to notify the school onth, the payment is considered onth, the payment is considered 7th day of the month, for whice has been paid in FULL. I unde ON REFUNDABLE book and test	one month in adva d late. I underst h payment was no erstand that the No	ance, in writing, of withdrawal. I unders and that non-payment of my accou ot received. My child(ren) will not be al ON-REFUNDABLE registration fee and t	stand that if Int will result in lowed to return to the first two months		
I have read and understand Ihsan Sch	ool Payment schedule and g	uidelines.				
Parent/Guardian Name (Please print):			Date:			
Signature of Parent:						
IHSAN SCHOO	L OF EXCELLENCE:	REGISTR	ATION FORM 2025-202	6		
	TEXTBOOK & TECH	INOLOGY CO	NTRACT			
I understand that the materials (i.e. te on loan to them. I also understand that possession. I agree to replace any ma	it I am responsible for any lo	ss or damage of	to my child(ren) anytime during th f the materials, while they are in m	e school year are y child's		
Parent/Guardian Name:		Signa	ature:	Date:		
	· · · · · · · · · · · · · · · · · · ·					
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 property, without written permiss		allowed to ta	ske my child(ren) from the scho	pol		
Parent/Guardian Name:			Signature:			
Every ef Pleas	FAMILY EMER(fort will be made to reach you in e fill the required information be	case of an emerg	gency involving your child.			
Emergency Contact Name Addre	SS Phone Number:					
Family/Child's Doctor	Address		Doctor's Office Phone Number:			
*In the event of an extreme emerge		als above can b est hospital.	e contacted, school authorities will	send the child to		
Signature of Parent/Guardian:			Date:			

EMPOWER Insan 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:			
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:							
□ \$2000	□ \$1500	□ \$1000	□ \$500	□ Other:			
□ Credit □ Debit: Card # Expira				ion Date (MM/YY): CVV:			
Cardholder Name:		Signature:					
☐ 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:			

315-472-5040 1406 Park St. Syracuse, NY 13208 info@ihsanschool.org