



ISLAMIC SCHOOL OF TRENTON

Nurturing Knowledge & Piety

TUITION CONTRACT 2018-2019

FAMILY INFORMATION	
Home Address: _____ Street _____ City State Zip	
Home Phone: _____ XXX - XXX - XXXX	
FATHER	MOTHER
_____ Full Name	_____ Full Name
_____ Occupation	_____ Occupation
_____ Cell Phone Number	_____ Cell Phone Number
_____ Work Phone Number	_____ Work Phone Number
_____ Email Address	_____ Email Address

Registration Fee & Tuition Amounts

	AMOUNT
Registration Fee	\$300 per student
PreK and KG Tuition	\$3500 per year
First Grade to Sixth Grade Tuition	\$3000 per year
Hifz Program Tuition	\$4000 per year

NAME OF ENROLLED CHILD		GRADE	ANNUAL TUITION
1			
2			
3			
4			
			\$ _____ TOTAL ANNUAL TUITION

CHOOSE A TUITION PAYMENT PLAN:

PLAN 1
<input type="checkbox"/> ONE ANNUAL PAYMENT OF \$ _____ due on 8/15/18

PLAN 2
<input type="checkbox"/> TWO INSTALLMENTS OF \$ _____ due on 8/15/18 and 2/1/19

PLAN 3
<input type="checkbox"/> TEN POST DATED CHECKS in the amount of \$ _____ dated the first of each month (Sept-June)

PLAN 4																		
<input type="checkbox"/> MONTHLY CREDIT CARD CHARGE \$ _____ + \$10 PROCESSING FEE to be charged on the first of each month (Sept-June) Parent MUST submit credit card information below.																		
Name: _____																		
Address: _____ _____																		
Credit/Debit Card No.:																		
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																		
CVC: _____																		
Expiration Date: _____ (MM/YYYY)																		
This form authorizes Islamic School of Trenton to charge parent/guardian's credit/debit card for monthly installment.																		

I, _____ *fully accept my financial obligation to Islamic School of*

Trenton of _____ *and* _____
 TOTAL ANNUAL TUITION TOTAL REGISTRATION FEE

X _____
 Parent/Guardian Signature Date



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Parent Duty Hours Form

Parent Name: _____ Student Name(s): _____

Phone Number: _____

Email: _____

Please select *one* option: I have submitted a check for \$200 with this application
 I will volunteer at school related activities (25 hours per year)

Please check off any volunteer activities you are interested in:

- | | | |
|--|--|--|
| <input type="checkbox"/> Substitute Teacher | <input type="checkbox"/> Lunch/Recess/Dismissal Aide | <input type="checkbox"/> School Infrastructure / Maintenance |
| <input type="checkbox"/> Library Help | <input type="checkbox"/> Office Assistance | <input type="checkbox"/> IT / Website Maintenance |
| <input type="checkbox"/> Field Trips Chaperone | <input type="checkbox"/> Bake Sale | <input type="checkbox"/> Special Events set-up or clean-up |
| <input type="checkbox"/> Educational Seminars | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Parent Organization |
| <input type="checkbox"/> Extracurricular Clubs | <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Other: _____ |

** FOR OFFICE USE ONLY – DO NOT FILL **	ACTIVITY	DATE	NUMBER OF HOURS
	TOTAL HOURS VOLUNTEERED:		