

Al-Rahmah School

Tuition Agreement 2011-2012

Father's/Guardian's Name: _____ Work Number: _____

Mother's/Guardian's Name: _____ Work Number: _____

Home Phone: _____ Cell Phone: _____ Cell Phone: _____

Student's Information:

Please list each child you are enrolling for the 2011-2012 school year.

	Student's Name	Grade	Sibling Disc.	Tuition Amount
1				
2				
3				
4				
	____ I also have a child in Day Care.	Total for year:		

Initial:

_____ We agree, as a condition of enrollment in Al-Rahmah School, to pay the tuition shown above and to strictly follow the schedule of payment selected.

_____ We understand that a late fee of \$25 will be applied to our account for any payments received after the 10th of the month.

_____ We understand that a returned check fee of \$25 will be applied to our account for any check that is returned to the Islamic Society of Baltimore from the bank.

_____ We understand that if tuition becomes 30 days delinquent, our children will not be permitted to return to school until all payments are satisfied.

_____ We understand that, should we withdraw our children from the School, we are not entitled to a refund of the Registration or Book and Test Fees.

Father's/Guardian's Signature Date

Mother's/Guardian's Signature Date

For Administrative Use Only

Date Received: ___/___/____ **Date Completed:** ___/___/____ **Auth.Initials** _____