

**ICB MUSLIM SCHOOL**  
130 Lexington St, Burlington, MA 01803

**Application for Enrollment**

Parent's Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Last</span> <span>First</span> <span>Middle</span> </div> Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Street</span> <span>Apt. No</span> </div> _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div> Telephone: (____) _____ (____) _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Home</span> <span>Emergency</span> </div> Email Address: _____	<b>Testing Date &amp; Time</b>  _____
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No.	Students' Name	Date of Birth	Current Grade in Regular School	Grade Admitted
	<span>Last</span> <span>First</span>			
1.				
2.				
3.				
4.				
5.				
6.				
7.				

**Refund Policy:** NO refund after the 4<sup>th</sup> week of current school term.  
**School Policy:** I have read and accept the school policy.  
**Late Payments:** Late Fee \$ \_\_\_\_\_

\_\_\_\_\_

Parent's Signature

**For Official Use Only**

**Payment Invoice**

Fees: \$ \_\_\_\_\_

Donations: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_

Received By: \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

- Volunteer Parent Help:**
- Teaching                       Clean Up  
 Administration               Kitchen  
 Other