

ICC ELEMENTARY SCHOOL

3333 W. Peterson Ave. Chicago, IL 60659 Ph: (773) 267-6167 Fax: (773) 267-6168

	Registration 1	Form	Г			
2017-18				For Office Use		
(Pre-K – 8 th Grade)						
Student Information						
Name:	200000000000000000000000000000000000000		(Circle one) M	F		
Address:		City/Stat	te/Zip:			
Phone:		Email:				
Home: Cell:						
Date of Birth (Month/Day/Year):	Birth Place	e: Social	Security Numb	er:		
Grade Level Applying For:						
Last Grade Attended:						
Last School Attended:		From (D	Pate):	To (Date):		
Reason for Transfer:		Referred	By:			
PARI	ENT/GUARDIAN	INFORMATI	ON			
(If Person Completing the Registration is not one of the Biological or Adoptive Parents, the Residency and Custody Verification must be provided. Also, if the person completing this form is caring for the student in the extended absence of the parent/guardian, the Parent's Authorization for Parent Designee must be provided.)						
Father's Name		Mother's Name	e			
Profession		Profession				
Employer:		Employer				
Address		Address				
Phone Number (work)		Phone Number	(work)			
Gross Yearly		Gross Yearly				
House Hold Size (Number of People living	g at Home):					
Official Custody of the Child: Father	Mother	Both	Other (plea	ase specify):		
EMERGENCY INFORMATION						
Emergency Contact: (Person to contact in case Parent/Guardian is not available):						
Name:	Phone Number:		Re	elationship:		
Address:						
Physician: Ph	one Number:		Preferr	ed Hospital:		
Health Restrictions: (including allergies):						



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Tuition Fee Collection Schedule Rules and Information

Students will not be allowed in class for nonpayment at certain dates according to school policy. Payment of tuition fees can be:

- a) In full
- b) In four quarterly payments
- c) In 10 monthly payments due the 10th of each month, with the last payment due by May 10th, 2018. *A late fee of \$10.00 will be charged after the 10th of the month.

Grade(check one that applies)	Tuition Fee	Snack Fee
Pre-K (Full Day)	\$375.00	\$10.00
Pre-K (Half Day)	\$275.00	\$10.00
Kindergarten	\$325.00	\$10.00
Grade 1-8	\$325.00	N/A
	1	1 /
Annual Dues : Non Refundable		
Registration Fee	\$50.00	
Books/Material Fee	\$200.00	
School Membership fee (per family)	\$200.00	
MAP Test Fee (For Grade K-8)	\$35.00	
Discount Policy		
Sibling Discount in Tuition Fee		
1 st Child		None
2 nd Child		5%
3 rd Child		5%
4 th Child		5%

A Check return policy of \$ 25 will be assessed on every returned check to cover bank charges incurred by us.

Non Payment Exclusion Policy: If tuition fee payment is not made according to payment plan, letters will be sent home informing parents about the exclusion date. Students will not be allowed to attend class until the payment is made in full.

I have read the above inform enrollment for my Child(ren	ation and agree to abide by it as conditions of the in ICC Elementary School.	e
Print full name:		
Signature	Date:	



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Rules & Regulations

- 1. While in ICC Elementary School, all classes must be attended except when excused by the teacher or principal
- 2. All Islamic Laws and Regulations will have to be followed in all aspects of life, particularly prayers, dress, social affairs etc.
- 3. Tuition payment is mandatory throughout the year regardless of attendance (personal absences such as vacations will not waive the monthly tuition).
- 4. If, in any event, a student has to be sent home then the parents or guardians will have to, without objection or delay, make necessary arrangements for the student's return home.
- 5. Parents are fully responsible to bring their child on time (8:00 am-8:30 am) and pick up at (3:25pm -3:45 pm). School is not responsible for students' custody after school hours.
- 6. All the above rules and regulations and any future rules will have to be followed fully.

Parent/Legal Guardian Signature: Date:					
Parent/Legal Guardians Consent					
I,hereby give my consent for my child/war	of (address)d to take part in all programs formulate	the parent / guardian d by ICC Elementary School.			
on behalf of myself, my executors, a Elementary School, staff, and officials with a loss of or damage to the property	nd my child/ward aforesaid to inde against and from any and all claims y or injury to the person of my child/	mild's/ward's own risk and I understand, mnity, hold harmless and absolve ICC whatsoever that may arise in connection ward aforesaid in the course of any such on for the safety and well-being of my			
Parent/Legal Guardian's Signature:		Date:			
	Declaration				
I hereby certify that according to the bell understand that my application will be I have read and understand all the quest I accept and follow the rules and regula	e disqualified if I have knowingly give ions on the form.	given herein is true and correct. en false information.			
Parent/Legal Guardian's Signature:		Date:			
	Office Use Only				
Class Admitted	Payment Plan Type	First Payment			
Date of Admission	ICC Student ID Number	Signature (School Official)			
Fee Collection					