



**Iman Academy**  
**Southeast Campus**  
 10929 Almeda Genoa  
 Houston, TX 77034  
 Ph: 713-910-3626

**Iman Academy**  
**Jetstream Campus**  
 825 Jetstream  
 Webster, TX 77598  
 Ph: 281-204-8710

**Iman Academy**  
**Southwest Campus**  
 6240 HWY 6 South  
 Houston, TX 77083  
 Ph: 281-498-1345

## TUITION/REGISTRATION AUTHORIZATION FORM

Parent / Guardian				
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian				
First Name _____	Last Name _____			
Home Address _____	City _____	State _____	Zip Code _____	
Home Ph. _____	Cell Ph. _____	Email _____		

Students List				
No.	Student's First Name	Student's Last Name	Grade Level	Total Tuition / Year
1.				
2.				
3.				
4.				
5.				
<b>Total Annual Tuition:</b>				<b>\$</b>

Payment Schedule	
<input type="checkbox"/> Lump Sum	<input type="checkbox"/> Monthly

Payment method		
<input type="checkbox"/> Postdated Checks <small>(Attached)</small>	<input type="checkbox"/> Automated Bank Withdrawal <small>(Attached Voided Check)</small>	<input type="checkbox"/> Credit Card <small>(3% Processing Fee)</small>

Bank Withdrawal Information	Credit Card Information
Bank Name: _____	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> Amex
Account #: _____	Card #: _____
Bank Routing #: _____	Exp. Date: ____ / ____
	Security Code: _____

Frequency: <input type="checkbox"/> Once <input type="checkbox"/> 10 Months; \$_____/Month <input type="checkbox"/> Other/No. of months_____; \$_____/Month <small>(Less than 10 months)</small>
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**I, \_\_\_\_\_, authorize Iman Academy to withdraw from my bank account/charge my credit card for my children's tuition once on the first of every month for the school year.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_