

## Islamic School of Columbia-Missouri

408 Locust St. Columbia, MO 65201  
(573) 442-1556 Fax: 1-800-531-8816  
[office@theiscm.net](mailto:office@theiscm.net) [www.theiscm.net](http://www.theiscm.net)

### 25-26 Enrollment Packet

“AND SAY: MY LORD, INCREASE ME IN KNOWLEDGE” Quran 20:114.

**Dear Parents:** Assalamu Alaikum Wa Rahmatullahi Wa Barakatu,

The Islamic School of Columbia-Missouri welcomes you and your child to another school year. We are happy you chose this school and pray to Allah (SWT) that this will be an enjoyable and productive year for your child. Below is useful information that you should be aware of.

**Starting Date:** Tuesday, August 19, 2025

**Registration:** Your child must have a completed registration on file before a seat in class can be secured and he/she can attend school. **Returning ISC-M students must enroll between March 1 and May 10, 2025, to avoid paying a new student registration fee.** To complete registration and ensure your child has a spot in his/her class, we must have the following:

#### RETURNING STUDENTS (due by May 10th)

Workbook/text Fee  
Student Information Form  
Student Health Form  
Photo Release/Field Trip Form

#### NEW and TRANSFERRING STUDENTS

Registration Fee & Workbook/Textbook Fee  
Student Information Form  
Student Health Form  
Photo Release/Field Trip Form  
Copy of birth certificate or other official document showing child's date of birth  
Copy of an up-to-date immunization record  
Sign in the checklist (transferred students)  
Previous complete school records (academic & behavioral)

**Enrollment Age:** Students must be age 3, on or before July 31<sup>st</sup>, to enroll in preschool, age 5, on or before July 31<sup>st</sup>, to enroll in kindergarten, and age 6, on or before July 31<sup>st</sup> to enroll in first grade.

**After-School Childcare:** We are offering an after-school childcare program available daily between 3:45 p.m. and 5:30 p.m. for a monthly fee of \$300. If you are interested in enrolling your child in this program, please complete the After-School Childcare form and return it to the school office.

All students who are not picked up by a parent/guardian by 3:50 pm and are not enrolled in the after-school care program **will** be charged a late pick-up fee for after-school care.

Charges for late pick up are as follows:

\$10 per day/child if late between 1-15 minutes.  
\$20 per day/ child if late between 15-30 minutes.  
\$30 per day/child late between 30-60 minutes.

**School Uniform:** Students must wear navy pants, a white or light blue collared shirt, and closed-toe shoes. Girls must also wear a navy jumper and a white hijab. Jackets and sweaters worn indoors must be our school colors only (navy, white, and light blue).

**School Hours:** 7:40 a.m.-3:50 p.m.

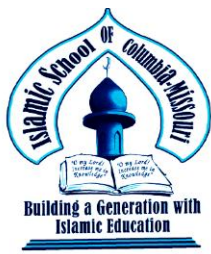
**Drop-Off Time:** Starts at 7:40 a.m. no earlier than 7:40 a.m.

**In-class Assembly:** 7:50 a.m.-8:00 a.m. (Mandatory for all grade levels)

**Pick-Up Time:** 3:40 p.m.-3:50 p.m. Dismissal is by family.

**Lunch/Transportation:** Parents are responsible for providing their child's lunch, snacks, water bottles, and transportation.

**Snow Days/Early Dismissal/Late Start Days:** We are following Columbia Public School's inclement weather procedure for snow days and late start days. Please check local TV (KOMU and KRCG) stations for information.



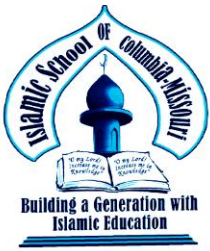
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## Student Information Form

*Please print the requested information using blue or black ink.* Fees paid:  Today's Date: \_\_\_\_\_

Student Name (First, Middle, Last)		2025- 26 Grade	Gender M F	Date of Birth
Student's Physical Address				
Street Address		Apt. No.	City, State, Zip	
Student's Mailing Address <input type="checkbox"/> Check here if same as Physical Address				
Street Address		Apt. No.	City, State, Zip	
Parent(s)/Guardian(s) who reside with the student				
Parent/Guardian Name (First, Middle, Last)		Email Address		Primary Phone Number
Parent/Guardian Name (First, Middle, Last)		Email Address		Primary Phone Number
Schools Previously Attended		School Address		Phone
Additional Information				
Does this student receive other special services (Remedial Reading, Title I, frequent counseling, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please describe:				
Has this student ever been expelled from school? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what grade(s)?				
Is this student presently suspended from another school? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what school?				
Emergency Contacts				
Name	Primary Phone	Work Phone	Relationship of student	
Name	Primary Phone	Work Phone	Relationship of student	



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### Photo Release Permission Slip

We, the undersigned parents, do hereby agree to the use of photographs/videotape taken during the school year for publicity, promotional, and/or educational purposes (including publications, presentation, or broadcast via internet or other media sources {Instagram, Facebook, X, school website}).

\_\_\_ Yes, we permit the ISCM to photograph my child for school purposes and/or at school events.

\_\_\_ No, we do not authorize the ISCM to photograph my child for any event.

Student's Name: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

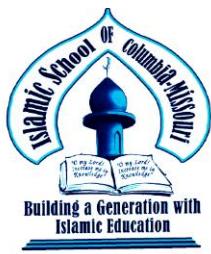
### Field Trip Permission Slip

We, the undersigned parents, hereby authorize the undersigned child to participate in school field trips.

Information regarding each individual field trip will be provided to parents prior to the event. Parents may choose not to have their child participate by providing written notification on the form or by notifying the school.

Student's Name: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Student Health Form

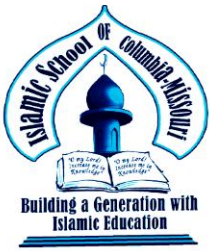
NAME	Male/Female	Birthdate
PARENT 1	Work	Cell
PARENT 2	Work	Cell
EMERGENCY CONTACT		
/ /		
Name	Relationship	Phone

DOCTOR/CLINIC	Phone
DENTIST	Phone
PREFERRED HOSPITAL	

Does your child have any chronic diseases or other health problems that may interfere with medical or surgical treatment?  
 Yes     No  
 If yes, please specify.

Does your child have any of the following? (Please check those that apply)		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Convulsion
<input type="checkbox"/> Heart trouble	<input type="checkbox"/> Frequent cold	<input type="checkbox"/> Stomach Upsets
<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Urinary Problems	<input type="checkbox"/> Problems with skin rash
<input type="checkbox"/> Problems with soiling	<input type="checkbox"/> Problems with diarrhea	<input type="checkbox"/> Problems with constipation
<input type="checkbox"/> Frequent sore throats	<input type="checkbox"/> Frequent ear infection	
Has your child had any of the following diseases? (Please check those that apply)		
<input type="checkbox"/> Mumps	<input type="checkbox"/> Worms	<input type="checkbox"/> Impetigo
<input type="checkbox"/> Ringworms	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Head lice
<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Measles (hard)	<input type="checkbox"/> Poliomyelitis
<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> German Measles	

Does your child take any medication regularly?     Yes     No  
 If yes, please specify.



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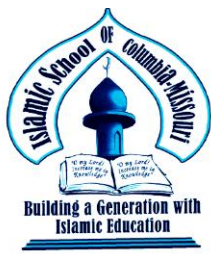
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When was your child's last physical examination and for what purpose?

Please list allergies (if any).

By signing this health form, you are giving the Islamic School of Columbia Missouri, permission to release medical information to medical personnel in an emergency.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_



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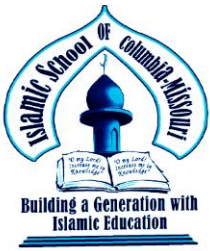
## ISC-M Fees and Tuition

<b>Daycare</b> 7:40 am - 3:40 pm	<b>Yearly Tuition = \$7,500</b> <b>\$750/month (10 payments, August- May)</b>	
	<b><i>New Students</i></b>	<b><i>Returning Students</i></b>
<b>Registration Fee (one-time)</b>	\$150	50
<b>Total Fee</b>	<b>\$150</b>	<b>50</b>
<b>Pre-School</b> 7:40 am – 3:40 pm	<b>Yearly Tuition = \$6,500</b> <b>\$650/month (10 payments, August- May)</b>	
<i>Fees</i>	<b><i>New Students</i></b>	<b><i>Returning Students</i></b>
<b>Registration Fee (one-time)</b>	\$300	100
<b>Workbook/text Fees</b>	\$150	\$150
<b>Total Fees</b>	<b>\$450</b>	<b>\$250</b>

<b>Kindergarten</b> 7:40 am – 3:40 pm	<b>Yearly Tuition = \$5,500</b> <b>\$550/month (10 payments, August- May)</b>	
<i>Fees</i>	<b><i>New Students</i></b>	<b><i>Returning Students</i></b>
<b>Registration Fee (one-time)</b>	\$300	100
<b>Workbook/text Fees</b>	\$175	\$175
Technology Fee	\$75	\$75
Online how-to-read Arabic program	\$25	\$25
<b>Total Fees</b>	<b>\$575</b>	<b>\$375</b>
<b>Grades 1-6</b> 7:40 am – 3:40 pm	<b>Yearly Tuition = \$4,500</b> <b>\$450/month (10 payments, August- May)</b>	
<i>Fees</i>	<b><i>New Students</i></b>	<b><i>Returning Students</i></b>
<b>Registration Fee</b>	\$300	100-
<b>Workbook/text fee</b>	\$175	\$175
Technology Fee	\$75	\$75
ITBS Testing ( <i>Grades 2-5 only</i> )	\$100	\$100
Online how to read Arabic program	\$25	\$25
<b>Total Registration Fees</b>	<b>\$675</b> (\$575 for 1 <sup>st</sup> grade)	<b>\$475</b> (\$375 for 1 <sup>st</sup> grade)
<b>After School Care: 3:30 pm - 5:30 pm on school days</b>	<b>\$300 /month</b>	

**\*\*\*Supply lists will be sent home before school begins \*\*\***

Tahfeez program 2 <sup>nd</sup> – 6 <sup>th</sup> grades: starting September 1 <sup>st</sup> , 2025 3:45pm-5:00pm Monday to Thursday	\$125/student/month
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### After School Care Application

Please complete the following information.

After School Care is from 3:45-5:30 pm each school day for a flat fee of \$300/month.

Charges for late pick up are as follows:

\$10 per day/per child if late between 1-15 minutes.

\$20 per day/per child if late between 15-30 minutes.

\$30 per day/per child late between 30-60 minutes.

We do not provide scholarships for after-school care.

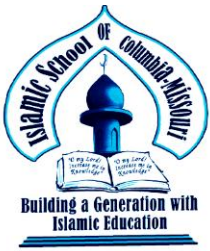
CHILD'S NAME		GRADE	AGE
PARENT 1	Work	Cell	
PARENT 2	Work	Cell	
ADDITIONAL EMERGENCY CONTACT	Work	Cell	

Does your child have any health problems, chronic diseases, or allergies that the after-school care provider should be aware of?

Yes  No

If yes, please specify.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### **SCHOLARSHIP / REDUCED TUITION APPLICATION for KG-5<sup>th</sup> grades**

ISC-M School awards reduced tuition to assist Muslim families in providing quality Islamic education to their children. The following is a list of priorities in awarding scholarships. These priorities determine the availability and amount of scholarships awarded.

1. The gross monthly income based on tax returns from last year and other assistance.
2. Number of dependents in the family.
3. Number of children enrolled at ISC-M.
4. Applicants' academic performance.
5. Parents' involvement in School Volunteer Program.

Please be advised that submission of this application does not constitute acceptance. You will be notified with a written letter of any tuition reduction awarded. Scholarships are for kindergarten through sixth grade students only. You must provide a complete application and all supporting documents before your application is accepted. Only completed applications are processed. They must include financial records (tax returns, salary letter or pay stub from current employer(s)/embassy), documentation from any government agency providing monthly assistance (Family Service Department (FSD), Section 8 Housing, SNAP, Medicaid, Welfare, alimony, child support etc.)

Name of Father: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: (if different from above) \_\_\_\_\_

Names of student(s) applying for scholarship:

1) \_\_\_\_\_ Grade \_\_\_\_\_ 4) \_\_\_\_\_ Grade \_\_\_\_\_

2) \_\_\_\_\_ Grade \_\_\_\_\_ 5) \_\_\_\_\_ Grade \_\_\_\_\_

3) \_\_\_\_\_ Grade \_\_\_\_\_ 6) \_\_\_\_\_ Grade \_\_\_\_\_

Reason for requesting scholarship/reduced tuition:

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**Please provide all the information requested for questions 1-8.**

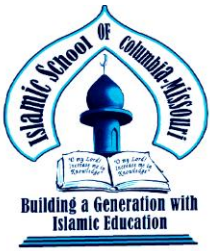
1. What is your total income expected from June of this year thru May of next year for each:

Father: \_\_\_\_\_ Mother \_\_\_\_\_ Other income for the household: \_\_\_\_\_

2. Number of dependent children? \_\_\_\_\_ Ages? \_\_\_\_\_

3. How many children will attend the ISC-M? \_\_\_\_\_





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4. Did you receive reduced tuition before from the ISC-M? (yes or no) If yes, how many times? \_\_\_\_\_

5. Did you have any debt or other financial responsibility that can affect your ability to pay tuition?

Explain: \_\_\_\_\_

6. What is the amount of assistance you receive each month from:  
(Put **none** if you do not receive that type of assistance)

Food stamps/SNAP \_\_\_\_\_ Medicaid \_\_\_\_\_ Section 8 Housing Assistance \_\_\_\_\_

Welfare payment \_\_\_\_\_ Child Support \_\_\_\_\_ Other government support \_\_\_\_\_

7. Do you receive any other living expense assistance or income not already listed above? If yes, list the amount & source. (yes or no) \_\_\_\_\_

Please submit the following to complete your application:

- \_\_\_\_ previous year's tax return for all heads of household
- \_\_\_\_ current employment verification letter with monthly salary/stipend specified or most recent pay stub.
- \_\_\_\_ academic record from previous school for each child (if not attending the ISCM for the previous school year)

written verification of amount received for each type of assistance:

\_\_\_\_ Food stamps/SNAP    \_\_\_\_ Medicaid    \_\_\_\_ Child Support    \_\_\_\_ Welfare payment  
\_\_\_\_ Section 8 Housing Assistance    \_\_\_\_ Other government support    \_\_\_\_ Other incomes

- ❖ **Committee decision is expected within ten working days after complete application submission.**
- ❖ **Only written approval signed by the chairman of the scholarship committee constitutes a commitment on the part of the school.**
- ❖ **Tuition assistance is not renewed automatically. A new application must be submitted each year.**
- ❖ **Reduced tuition is only offered for students from grade KG-6. No tuition is reduced by 100%.**
- ❖ **The committee will not review an application until the application is complete and all requested information is submitted.**
- ❖ **Failure of student and/or family to adhere to the conditions of this tuition reduction may result in its termination.**

8. How will you be involved in the School Volunteer Program?

I hereby consent to and authorize ISC-M or its representative to examine and verify all information provided in this application including earnings of any kind. This verification will be used only for the purpose of evaluating this application and will be kept completely confidential.

**ALL INFORMATION IS SUBJECT TO VERIFICATION.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

***Do not write below this line.***

Office comments: All verification documents submitted. Yes or No \_\_\_\_\_

Committee decision: ( ) approved ( ) not approved

Conditions of reduced tuition:

Chair, Scholarship committee: \_\_\_\_\_ Date: \_\_\_\_\_