

Approved By: YJ TC

2025-2026

Yeshiva Ohr Hatzafon

[Address Line 1]
Tel: [Phone] Fax: [Fax]

ENROLLMENT CONTRACT

Student Name: **Ori Inkman**

1. Indicate your method of payment of \$4,300.00:

■ Enclosed Payment in Full

■ 10 Monthly Payments of \$430.00 each.

■ 10 Monthly Credit Card Payments of \$430.00 each.

Payment Schedule: September 2025 through June 2026

CC # _____ Ex. Date _____

Cardholder's Name _____

CVV Code _____ Billing Zip _____ Day of Month to Charge _____

■ An organization will be sending monthly checks on my behalf.

10 Checks mailed from _____

**THIS ENROLLMENT CONTRACT WILL ONLY BE ACCEPTED IF ACCOMPANIED BY
PAYMENT SCHEDULE HAS BEEN FILLED OUT**

I hereby enroll my son for the 2025-2026 academic year in Yeshiva Ohr Hatzafon. I understand that this is a binding obligation toward the Yeshiva and that I will be responsible for satisfaction of his tuition obligation as well as all costs incurred by my son, including damage caused to the Yeshiva property. With my signature I hereby accept the terms of this

contract and authorize all payments required herein. The registration fee of \$500.00 is included in the monthly payment schedule.

Signature: _____ Date: _____