

COMMUNITY CHRISTIAN SCHOOL

Financial Agreement Form

2019 – 2020 School Year

- Re-Enrollment
 New Applicant

E-Mail _____

Parent/Guardian: _____

Or Responsible Party if other than above _____

Address _____ Day Phone _____

_____ City _____ State _____ Zip _____ Cell Phone _____

STUDENT NAME	GRADE	EXTENDED CARE	
#1 _____	_____	yes / no	monthly _____
#2 _____	_____	yes / no	monthly _____
#3 _____	_____	yes / no	monthly _____
#4 _____	_____	yes / no	monthly _____

FEES: Contact the financial director to verify your fees, total and payment schedule.

	APP & REG FEES	MATRICULATION FEES	TUITION	EXT CARE	OFFICE USE	TOTAL
STUDENT # 1						
STUDENT # 2						
STUDENT # 3						
STUDENT # 4						
Subtotals						
	Due upon App & Reg	Due 8/1				PIF or FACTS

FACTS PAYMENT PLAN: _____ TOTAL MONTHLY PAY\$ _____

_____ 12-MONTH (July through June)

_____ 10-MONTH (August through May)

Verification: _____

Notes: _____

AGREEMENT:

- 1) I understand that I will be charged a **\$45.00 late fee** for payments **NOT** collected by FACTS.
- 2) I understand that I will be charged a **\$30.00 fee** for each check returned due to insufficient funds.
- 3) I agree to make monthly payments to the F.A.C.T.S. Tuition Management Company as contracted above.
- 4) I understand that when my account becomes **30 days overdue, my child may be suspended** from class.
- 5) I understand the **School Council Policy** is that should an account be delinquent for any fee, student **grades and/or records will not be released** to any parent, guardian or school until balance is paid in full.
- 6) I understand that registration and matriculation fees are **non-refundable**, unless the student is denied admission.
- 7) A full month of tuition is charged for any days of enrollment during that month. If you voluntarily withdraw or are requested to withdraw from the school, tuition is due in full for the month of withdrawal, including the full amount of all fees outstanding. Tuition is calculated on a monthly basis and is not pro-rated.
- 8) I understand that all fees will be due if my student(s) is(are) withdrawn after July 1, 2019.

My **signature** indicates that I have read the above, and agree to abide by all the provisions.

SIGNATURE: _____
Parent/Guardian
Parent/Guardian
Date