**2020-2021 Tuition Agreement Contract**

Name(s) of Child / Children: Grade in 2020-2021

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We agree to all of the following for the 2020-2021 school year:
Initial each section.

\_\_\_\_ To pay the full non-refundable registration fee (per child/family) prior to the start of school.

\_\_\_\_\_ **To be responsible for a full semester’s tuition upon the student having begun the term, with the exception of military transfers or extreme life/financial circumstances as approved by the school principal.** (Note: First Semester = September thru January; Second Semester = February thru June).

\_\_\_\_\_To pay the tuition for my student(s) prior to the 15th of each month, beginning with Sept. 15th, 2020.

 Payment may be made by cash/check. Debit or credit card payments will add 2.95% fee.

\_\_\_\_\_ To enroll in the FACTS Management payment plan.

Tuition: Registration:

2020-2021 $\_\_\_\_\_\_\_\_\_\_(Sept.-June) 2020-2021 $\_\_\_\_\_\_\_/year

I/We understand that my/our student(s) cannot be assured enrollment unless any outstanding 2019-2020 tuition, fees and all registration fees for the 2020-2021 school year are paid in full by July 31st, 2020. I/We understand and agree to comply in full with the provisions of this tuition agreement contract.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian / Father’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian / Mother’s Signature Date

Person Responsible For Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship

Information of person, other than parent, who may assume responsibility for payment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Address City State Zip

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Home Phone Number Day/Work Phone Number