Faith Christian Academy

2017-2018

Tuition Contract

Student Name:				DOB: _	//
□ New Enrollr	nent □ Reenrolli	ment			
Parent / Guardian Prin	ted Name:				
Parent / Guardian Prin	ted Name:				
Financially Responsib	le Party (<u>if not</u> P ar	ent/Guardian e	ntered above)	□ Not App	olicable
Name:					
Address	Last		First		
City:				Zip Code:	
				Work Phone:	
Email Address:					
on the Enrollment Che I agree to an annual tu payment plan. I under transferring students, ti understand that a \$25.0	cklist has been mad ition is \$4700.00 a stand that payment he first payment mo 00 late fee will be a full and that an addi	nd understand the is due on the fust be made in the assessed to the actional \$25.00 later.	hat monthly to irst of every in full before the account on the	understand that fee schouition is \$470.00 based month beginning in Austudent's first day of so 10^{th} day of the month is assessed the account of	on a ten-month agust. (For chool.) I if my/our account
	Yearly Tuition:	\$ 4,700.00			
	Less Discount:	\$(i	f applicable)		
	Tuition Due:	\$			

<u>I understand</u> that the FCA Administrator and School Board have the right to immediately cancel this contract if:

- 1. The above-named student poses a threat to the safety of any student or faculty member.
- 2. The above-named student or family expresses or displays noncompliance with the Student Handbook.

<u>I understand</u> that all families are required to give 2.5 hours of volunteer time per month and this time is rated at \$10/hour. I understand that these fees <u>cannot</u> come out of scholarship funds. I understand that extra volunteer time will roll over to the following month in *1 hour increments* and it is my responsibility to log volunteer time in the FCA Volunteer Log Book. I understand that if volunteer time requirements are not met, the account will be invoiced at the above mentioned rate.

<u>I understand</u> that by signing this form, I during the contracted school year.	am agreeing to be	e responsible for any costs incurred by	this student
Parent / Guardian Signature	// Date	Parent /Guardian Signature	//
Financially Responsible Person Signature (if not parent or guardian)	// Date	School Administrator Signature	
Office Use Only: Enrollment Fee			
Date Paid:/	Amount Paid:)
Staff Initials:		□ Cash	