

I understand that by signing this form, I am agreeing to be responsible for any costs incurred by this student during the contracted school year.

_____	____/____/____	_____	____/____/____
Parent / Guardian Signature	Date	Parent /Guardian Signature	Date
_____	____/____/____	_____	____/____/____
Financially Responsible Person Signature (if not parent or guardian)	Date	School Administrator Signature	Date

Office Use Only: Enrollment Fee

Date Paid: ____/____/____

Amount Paid: _____

Check (# _____)

Staff Initials: _____

Cash