

**Faith Christian Academy**  
**Tuition Contract**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

New Enrollment     Reenrollment

Parent / Guardian Printed Name: \_\_\_\_\_

Parent / Guardian Printed Name: \_\_\_\_\_

*Financially Responsible Party (if **not** Parent/Guardian entered above)*                       Not Applicable

Name: \_\_\_\_\_

*Last*

*First*

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**I/we agree** to pay the non-refundable enrollment fee to enroll at FCA (all students) and understand the fee schedule as outlined on the Enrollment Checklist (returning students).

**I/we agree** to an annual tuition of \$ 5,000.00 and understand that monthly tuition is \$ 500.00 based on a ten-month payment plan. I understand that payment is **due on the first of every month** beginning in August. (For transferring students, the first payment must be made in full before the student's first day of school.) I understand that a \$25.00 late fee will be assessed to the account on the 10<sup>th</sup> day of the month if my/our account balance is not paid in full and that an additional \$25.00 late fee will be assessed the account on the 20<sup>th</sup> day of the month if the account balance is not paid in full.

Yearly Tuition:	\$ <u>5,000.00</u>
Less Discount:	\$ _____ (if applicable)
Tuition Due:	\$ _____

**I/we understand** that if I pay for tuition by debit/credit card or ESA, I will be assessed a transaction fee of 2.38 % (card present) or 3.07% (card not present / manual entry). These fees may be subject to change and I understand that if the transaction fee changes from the current rate, I will be notified by the office before any transaction is processed.

**I/we understand** that:

- I/we are encouraged to perform up to 2.5 hours of family service time per month per student to the school to reduce the monthly tuition of that student by a maximum of \$25. Time is rated at \$10/hour.
- Any unapplied family service time will roll over to the following month in *1-hour increments*.
- In order for family service time to be counted, it needs to be recorded in the Family Service Log.

**I/we understand** 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.

**I/we 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 <u>and</u> if applicable)	Date	School Administrator Signature	Date

***Office Use Only: Enrollment Fee***

Date Paid: ____/____/____	Amount Due: _____	<input type="checkbox"/> Check (# _____)
Staff Initials: _____	Amount Paid: _____	<input type="checkbox"/> Cash
		<input type="checkbox"/> Credit
		<input type="checkbox"/> ESA