

CARROLL



Lutheran School

FINANCIAL AGREEMENT FORM

SCHOOL YEAR 2008/2009

I, _____ agree to pay the following tuition plan
(Name of Parent/Guardian)

payment for _____
(Full Name of Student(s))

I fully understand that tuition is due on the 1st of the month and that a 10% late fee will be incurred if I do not pay the tuition by the 15th of the month. I also fully understand that the school reserves the right to cancel my child's registration if I fail to meet the payments for the preceding semester and that the school reserves the right to deny re-admission unless all delinquent fees are paid. I also agree to pay \$25.00 for any check returned for non-sufficient funds.

_____ Paid in Full by August 1st: \$4,460

_____ Paid by Semester: \$4,600
Two Payments
August 1, 2008 - \$2,300
January 1, 2009 - \$2,300

_____ Paid Monthly: \$4,835
Ten monthly payments of \$483.50
due the first of each month
with the first payment being due August 1st

Tuition Refund Policy

If students withdraw before the end of the school term, they will be charged the school's monthly rate from the beginning of school until the end of the month in which they withdraw. If tuition has been paid in advance, the difference will be refunded. No refunds will be given on fees. Please refer to our School Handbook for further explanation.

Plus the Materials Fee (\$110 for elementary grades & \$160 for middle school grades) due August 1st

Person responsible for payment:

Printed Name

Signature

Date

Mailing
Address: _____

Phone: _____

Daytime

Evening

Cell