

**Captain Gilmer Christian School
Students and Parents Financial Agreement
2019-2020**

Student's Name _____ Grade _____

Tuition Rate for this Child _____ Church Membership _____

Please initial the payment plan you prefer:

_____ A. I will make full payment in the amount of \$ _____ due the 15th of each month.

_____ B. I will need some assistance and have applied for the financial aid, listed below:

I will make monthly payments of \$ _____ due the 15th of each month.

I will apply for monthly financial aid of \$ _____ from _____.

I will apply for monthly financial aid of \$ _____ from _____.

I will apply for monthly financial aid of \$ _____ from _____.

(Church assistance should be accompanied by a letter from that church, specifying the amount.)

_____ C. I will receive assistance from a relative/individual named _____.

I will make monthly payments of \$ _____ due the 15th of each month.

Named individual has agreed to give assistance of \$ _____ monthly.

If unavoidable circumstances hinder this agreement, I will contact school administration as soon as possible to keep the Financial Tracking Committee informed.

*Please remember that the registration fee and first month's tuition must be paid at registration.

I understand that all accounts with Captain Gilmer Christian School shall be paid in full before any transcripts or diplomas will be issued.

I have carefully considered the methods of financing the educational expenses and agree to assume the responsibility for the student as indicated on this form.

SPECIAL PAYMENT ARRANGEMENTS (Office use only):

DATE _____ APPROVAL _____

ENTRANCE
FEE: _____

OTHER: _____

Parent or Guardian Signature _____ Date _____

Tracking Committee Member's Signature _____ Date _____