

***Kohala Adventist School
Financial Contract
2018-2019 School Year***

PLEASE PRINT FAMILY LAST NAME: _____

Please Print First and Last Name For Each Student Attending: _____ Grade: _____ _____ Grade: _____ _____ Grade: _____ _____ Grade: _____	Registration Fee: New student - \$225 Returning student - \$200 Tuition: Constituent \$3,650 annual or \$365 for ten months Non Constituent \$4,650 annual or \$465 for ten months
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Please supply the following information for the person who is financially responsible for payments:

Name: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

I understand that there may be additional charges as described in the current Handbook. I further understand that my monthly tuition payment and any additional charges are due the first of each month. I understand that students whose accounts are 60 days delinquent may be dismissed from school until all delinquent amounts are received or satisfactory arrangements are made.

This contractual agreement shall remain in effect until terms are fulfilled.

Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Registration Fee: \$ _____	Date Paid: _____	Discounts/Financial Assistance:
Tuition Fee: \$ _____	Date Paid: _____	_____ \$ _____
Other Fees _____: \$ _____	Date Paid: _____	_____ \$ _____
Other Fees _____: \$ _____	Date Paid: _____	_____ \$ _____
Other Fees _____: \$ _____	Date Paid: _____	_____ \$ _____