

FINANCIAL CONTRACT 2020-2021

Student (s): _____ Grade _____

Name of Parent/Guardian _____

Previous Balance _____

Tuition Payments:

Tuition: (August to May)
 _____ Grades TK/K-8 @ 10 monthly payments of \$335.00 (SDA)*
 _____ Grades TK/K-8 @ 10 monthly payments of \$350.00 (Non-Adventists)*
**Illness/Vacation: There are no adjustments or refunds for any days missed for illness, vacation or holidays.*
Rates have been calculated to include closures. The rates are fixed and tuition income is calculated by enrollment; therefore tuition credit cannot be given for any missed time. _____ *(initials here)*
 _____ \$5.00 Home and School Dues each month _____ *(initials here)*

Discount/Scholarship:

_____ Multiple Student Discount (\$10 each child) _____
 _____ Church Assistance: _____
 _____ *(Name of Church)* _____
 _____ School Matching Assistance – up to \$25.00* _____
**payment must be made by the 9th of every month and not fall behind or discount will be taken away.* _____ *(initials here)*
 _____ Tuition Paid for the Whole Year (5% discount only applies if paid by October 2019) _____
 _____ Miscellaneous _____
 _____ Hospital (White Memorial Medical Center) \$50.00 _____
Tuition payment: \$ _____

Registration:

_____ TK-8 Registration (Non-Refundable) \$250.00 _____
*Early registration discount only applies with zero balance account. *Student cannot register until paid.*
 _____ Graduation Fee (TK/Kindergarten=\$75.00/8th Grade=\$150.00) _____
**Due by the end of February*

Registration Fee: _____

Send bill to:

Name _____ Home phone _____ Cell phone _____

Address _____

Social Security # _____ CITY _____ STATE _____ ZIP CODE _____
 Employer Phone _____

Name _____ Home phone _____ Cell phone _____

Address _____

Social Security # _____ CITY _____ STATE _____ ZIP CODE _____
 Employer Phone _____

I have read and understand my financial obligations to **White Memorial Adventist School**. I will be responsible for all charges incurred by my child or children.

I am committed to pay the **full tuition on the 9th of each month** and not get behind with my payments. **I understand** that my discounts will be taken away if I fall behind on my payments. **I'm aware** the School Board will take action on delinquent accounts:

Both Parents' Signature _____ *Date* _____