

**FINANCIAL CONTRACT 2019-2020**

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 9<sup>th</sup> 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=\$75.00/8<sup>th</sup> Grade=\$150.00) \_\_\_\_\_  
*\*Due by the end of February*

**Registration Fee:** \_\_\_\_\_

**Send bill to:**

**Name** \_\_\_\_\_ **Home phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Address** \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **Employer Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Home phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Address** \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **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 9<sup>th</sup> 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* \_\_\_\_\_