



**Louisville Adventist Academy**

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Student First & Last Name \_\_\_\_\_

**LAA FINANCIAL AGREEMENT FORM 2016-2017**

**\*\*\*All registration, book, lab, and yearbook fees are non-refundable.\*\*\***

Bill to:			SS#
Address	City	State	Zip
Home Phone ( )		E-mail Address	
Cell Phone ( )		Fax ( )	
Employer			
Address	City	State	Zip
Phone ( )		Your church membership is at:	

**OFFICE USE ONLY BELOW**

NAME	GRADE	REG FEE	+ BOOK FEE	+ LAB FEE	+YEARBOOK	+ PREV BAL	EARLY REG DISC
<b>TOTALS</b>							

**PREVIOUS BALANCE AND TOTAL FEES DUE NOW** (Cannot admit until paid) \$ \_\_\_\_\_

**PAID** Date \_\_\_\_\_ Cash Money Order Check # \_\_\_\_\_ \$ \_\_\_\_\_

NAME	GRADE	TUITION	DISCOUNTS AND FINANCIAL AID
			5% YEAR DISCOUNT
			2% SEMESTER DISCOUNT
			TOTAL DISCOUNTS
			CHRIS JUHL SCHOLARSHIP FUND
<b>TOTAL TUITION</b>			<b>CHURCH/CONFERENCE AID</b>
<b>TOTAL FINANCIAL AID &amp; DISCOUNTS</b>			<b>Specify:</b> <b>OTHER FINANCIAL AID</b>
<b>TUITION DUE</b>			<b>DUE IN ___ MONTHLY PAYMENTS OF</b>

**SPECIAL ARRANGEMENTS:** \_\_\_\_\_

I understand and agree to keep the above financial payment plan. I also understand that failing to keep my part of the agreement releases Louisville Adventist Academy from any obligation to continue educational services for my child(ren).

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_