

# Tri-City School Financial Contract

## GENERAL INFORMATION

Student 1 Name \_\_\_\_\_

Student 2 Name \_\_\_\_\_

Student 3 Name \_\_\_\_\_

Parent(s)/Guardian name(s) \_\_\_\_\_

Email address to which monthly statements should be sent \_\_\_\_\_

## TUITION

Annual tuition amount \_\_\_\_\_

Monthly payment \_\_\_\_\_

## RESPONSIBLE PARTY (S)

Person(s) responsible for payment of account \_\_\_\_\_

Will any portion of the student's tuition be paid for by someone other than named above? Y or N

If yes, please provide the following:

### Contributor #1

Person(s)/organization \_\_\_\_\_

Amount of financial support \_\_\_\_\_

Contact Information \_\_\_\_\_

### Contributor #2

Person(s)/organization \_\_\_\_\_

Amount of financial support \_\_\_\_\_

Contact Information \_\_\_\_\_

Financial packet has been received? Y or N

\_\_\_\_\_  
Signature of responsible party

\_\_\_\_\_  
Date