

# Captain Gilmer Christian School Students and Parents Financial Agreement 2018-2019

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Tuition Rate for this Child \_\_\_\_\_ Church Membership \_\_\_\_\_

**Please initial the payment plan you prefer:**

\_\_\_\_\_ A. I will make full payment in the amount of \$ \_\_\_\_\_ due the 15<sup>th</sup> of each month.

\_\_\_\_\_ B. I will need some assistance and have applied for the financial aid, listed below:

I will make monthly payments of \$ \_\_\_\_\_ due the 15<sup>th</sup> of each month.

I will apply for monthly financial aid of \$ \_\_\_\_\_ from \_\_\_\_\_.

I will apply for monthly financial aid of \$ \_\_\_\_\_ from \_\_\_\_\_.

I will apply for monthly financial aid of \$ \_\_\_\_\_ from \_\_\_\_\_.

(Church assistance should be accompanied by a letter from that church, specifying the amount.)

\_\_\_\_\_ C. I will receive assistance from a relative/individual named \_\_\_\_\_.

I will make monthly payments of \$ \_\_\_\_\_ due the 15<sup>th</sup> of each month.

Named individual has agreed to give assistance of \$ \_\_\_\_\_ monthly.

If unavoidable circumstances hinder this agreement, I will contact school administration as soon as possible to keep the Financial Tracking Committee informed.

\*Please remember that the registration fee and first month's tuition must be paid at registration.

I understand that all accounts with Captain Gilmer Christian School shall be paid in full before any transcripts or diplomas will be issued.

I have carefully considered the methods of financing the educational expenses and agree to assume the responsibility for the student as indicated on this form.

SPECIAL PAYMENT ARRANGEMENTS (Office use only):

DATE \_\_\_\_\_ APPROVAL \_\_\_\_\_

ENTRANCE FEE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Tracking Committee Member's Signature \_\_\_\_\_ Date \_\_\_\_\_