

TRINITY LUTHERAN SCHOOL

Growing in Grace and Knowledge

Financial Agreement Form 2018/2019

** REQUIRED OF ALL STUDENTS REGISTERED FOR THE 2018-2019 SCHOOL YEAR **

ONE FORM PER FAMILY

In consideration for the enrollment of my student(s) at Trinity Lutheran School, I(we), as parent(s) /guardian(s), jointly and separately agree to the following terms:

- 1. I(we) have read the 2018-2019 Financial Information & pledge to comply with the policies set forth therein.
- 2. All delinquencies from previous school(s) or the previous school year have been cleared.
- 3. I(we) assume personal liability for timely payments of all applicable fees due to TLS on behalf of my student(s).
- 4. I(we) agree that in the event that timely payments are not received, a late charge of \$25.00 will be applied for each month that payment is late and all relevant discounts will be forfeited. In the event a check is returned for non-sufficient funds, a \$25.00 fee will be applied to my account. In addition, delinquent accounts are subject to submission to a third party agency for collection.
- 5. I(we) acknowledge that Trinity Lutheran School has the right to discontinue services to my student(s) if his/her account has a delinquent balance beyond 90 days. Please fill in your information below:

First student's name:

Second student's name:

Third student's name:

Fourth student's name:

Name of person(s) responsible for payments:

Address:

 City:

If account is split between responsible parties a 2nd name of person(s) responsible for payments:

Address:

 City:

How is the account to be split (include an explanation of all financial responsibilities – i.e. tuition, extended care, registration, class supplies, sports fees, lunches, field trips, incidentals, etc.) (Attach another piece of paper if necessary.)

Mother/Guardian/Other (specify) Print Name: _____

Signature: _____

SSN _____

Father/Guardian/Other (specify) Print Name: _____

Signature: _____

SSN _____

ACCEPTANCE OF THE FINANCIAL CONTRACT

I/We, _____, as parent/legal guardian of the child(ren) listed above, do hereby agree to the financial obligation as itemized in the Financial Contract.

Check one of the following boxes:

Optional Buy-Out – pay fee rather than participating in service hours

By choosing this option, I choose to pay \$210.00 (or \$70.00 at the end of each trimester) as an alternative to participating in the service hour's program. – Initial to acknowledge choice _____

Volunteer Service Hours

By choosing this option, I understand that I will participate in this program and abide by the terms and conditions set out for each of them. – Initial to acknowledge choice _____

All tuition payments are due on the first of each month starting in August of the school year. (August, September, October, November, December, January, February, March, April, May) Payments will be assessed a \$25.00 late fee after the tenth of each month if payment is not received. If desiring a monthly due date other than the first of each month, you may request a different date by filling out the following: I (we) request payment to be due on the _____ of each month. I (we) understand payment must be received each month by this date or will be assessed a \$25.00 late fee if not received ten days after this date. This includes months when we are not in school due to holiday or any other non-school day. The date request is only good for the 2018/2019 school year.

I/We have read the above contract and agree to the stipulations listed. Both parents and/or legal guardians must sign below. Choose signature line that applies to you and your family.

Signed: _____ Date: _____
(mother)

Signed: _____ Date: _____
(father)

Signed: _____ Date: _____
(legal guardian)

Signed: _____ Date: _____
(legal guardian)

Signed: _____ Date: _____
(other – please describe)