

2017-2018 PROGRAM CONTRACT FORM- PART A

Please select all that apply and tally the totals below. Fill out Part A & B completely as it is needed to compute your monthly bill. Please visit the Business Office to confirm your monthly tuition. This information will be placed in your file.

Student Name: _____ (last, first)

Student Name: _____ (last, first)

Student Name: _____ (last, first)

APPLICATION FEE (non-refundable)

- ☐ New Family \$125.00 (fee due upon enrollment)
☐ Re-Enrolling Family \$150.00 (fee due upon enrollment)

Total _____

Total _____

OVERSIGHT PROGRAM ANNUAL FEE

\$215.00 per family

Total _____

Miscellaneous Fees

- ☐ Aviation-\$150 ☐ Testing-\$45 ☐ Volunteer Fee-\$400 ☐ Activity Fee-\$75

Total _____

GROUP CLASS PROGRAM ANNUAL FEE

- ☐ Pre-K -Elementary School

3rd-5th GRADES TUESDAY/THURSDAY \$175.00	TOTAL
TECHNOLOGY/PHOTOGRAPHY	\$
MATH/MATH	\$
AMERICAN HISTORY/GRAMMAR	\$
SCIENCE/SCIENCE	\$
TOTAL:	

PRE-K & 1ST/2ND GRADES TUESDAY/THURSDAY \$175.00	TOTAL
MATH	\$
PHONICS	\$
SCIENCE	\$
ART	\$
Total:	

MIDDLE/HIGH SCHOOL	TOTAL
MIDDLE SCHOOL- COMPLETE ATTACHED WORKSHEET B	\$
HIGH SCHOOL- COMPLETE ATTACHED WORKSHEET B	\$
HIGH SCHOOL GRADUATION PACKAGE (12 TH GRADE ONLY) \$300 X STUDENTS	\$
Total:	

TOTAL FROM ABOVE:	\$
BARTER CREDIT {TEACHERS}	\$
TOTAL FOR THE YEAR	\$
5% DOWNPAYMENT WILL BE DEDUCTED FROM TOTAL COST FOR THE YEAR. DUE UPON ENROLLMENT	\$
Total Monthly Payment for classes & fees/Eight Months=	\$ _____ \$ _____

I understand that if for any reason I choose to terminate enrollment, I will still owe the total cost of the **current semester** stated on this form. The fees will not be pro-rated. Payments are due on the first of the month. A late fee of \$25.00 is applied on the twentieth. If **FULL** payment is not received by the 30th the account may be terminated. I agree to abide by the terms of this agreement.

Print Name: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____