

GRACE CHRISTIAN SCHOOL

Financial Agreement Form for 2024-2025

Re-Enrollment
New Applicant

Responsible Party _____ Email _____
 Street Address _____
 City, State, Zip _____
 Day Phone _____ Cell Phone _____

Please check if GCS can text this number.

	STUDENT NAME	GRADE	EXTENDED CARE	
#1	_____	_____	Yes	Monthly
#2	_____	_____	Yes	Monthly
#3	_____	_____	Yes	Monthly
#4	_____	_____	Yes	Monthly
#5	_____	_____	Yes	Monthly

FEES: Contact the Director of Finance to verify your fees, total, and payment schedule.

	APP/REG FEES	MATRICULATION FEES		TUITION	EXT CARE	OFFICE USE	TOTAL
Subtotals							

NON-REFUNDABLE and **DUE** upon Registration

PAY IN FULL

FACTS PAYMENT PLAN:

11-MONTH (August through June)

10-MONTH (August through May)

TOTAL MONTHLY PAY

\$ _____

Notes: _____

AGREEMENT:

1. I understand that I will be charged a **\$45.00 late fee** for payments **NOT** collected by FACTS.
2. I understand that I will be charged a **\$30.00 fee** for each check returned due to insufficient funds.
3. I agree to make monthly payments to the FACTS Tuition Management Company as contracted above.
4. I understand that when my account becomes **30 days overdue**, my child may be suspended from class.
5. I understand that should an account be delinquent, student **grades and/or records will NOT be released** to any parent, guardian, or school until the balance is paid in full.
6. I understand that application/registration and matriculation fees are **non-refundable** unless the student is denied admission.
7. A full month of tuition is charged for any days of enrollment during that month. If I voluntarily withdraw my student or am asked to withdraw from the school, tuition is due in full for the month of withdrawal, including the full amount of all outstanding fees. Tuition is calculated on a monthly basis and is not pro-rated.

My **signature** indicates that I have read the above and agree to abide by all the provisions.

SIGNATURE: _____
Parent/Guardian
Parent/Guardian
Date