

Payment Agreement

Sign and return to the office for registration to be complete

St. Edward on-the-Lake Catholic School

6995 Lakeshore Road

Lakeport, MI 48059

TUITION AGREEMENT FOR K-5

Family's Last Name _____ Please list all students' names and grades

I/We hereby enroll my/our son or daughter in the St. Edward on-the-Lake Catholic School as a student for the academic year indicated below and agree to the following terms:

1. CONDITIONS OF ENROLLMENT

I/We understand that I/we will be responsible for and pay all charges, including tuition, book fees and activity fees, for my/our son(s) or daughter(s) as listed above when due pursuant to the attached tuition fees and participation schedule for the 2018-19 school year. I/We also understand that I/we are responsible for a fundraising effort up to: (\$225 PIP + \$150 Bingo for 2 parent family) or \$250 (\$150 PIP + \$100 Bingo for 1 parent family).

I/We understand that if payment is not made as agreed to, the School may:

- a. refuse to accept his or her enrollment for the following school year.
- b. pursue any and all other legal rights.
- c. report cards will not be given and permanent files will not be transferred.

I/We understand that if my/our son's or daughter's behavior does not meet the School's standard's, the School reserves the right to refuse to accept his or her enrollment at any time and/or to require his or her withdrawal at any time during the school year.

I/We understand that my/our son or daughter and I/we will be responsible for abiding by all of the School's policies and procedures as stated in the Parent Handbook, as may be amended.

I/We acknowledge and understand the St. Edward on-the-Lake School Parent Involvement Program and agree to abide by the same.

2. PAYMENT OF TUITION (Check your choice of plans.)

I/We shall pay my/our tuition according to plan ____.

- _____ One payment due the first week of school (5% discount applicable).
- _____ Ten equal monthly payments, beginning the first week of school and due the first week of every month thereafter.
- _____ Four equal payments paid quarterly.

Tuition must be paid on a regular basis so our school can fulfill its monthly obligations.

I/We have read this Tuition Agreement carefully and have reviewed the schedule of tuition and fees and agree to all of its terms and acknowledge that under no circumstances will tuition be refunded. Please sign and return one copy to the office.

Dated: _____

Signature of Parent(s) or Guardian(s) responsible for
payment of tuition