

Enrollment Agreement for 2009-2010 School Year

I hereby accept the place offered for:

Student

Grade in Fall

_____	_____
_____	_____
_____	_____

PAYMENT PLANS (See Tuition and Fee Schedule; select one.)

_____ Single Payment

_____ Two Payments (Plan B)

_____ Ten Monthly Payments (Plan C)

If Plan B or C is selected, valid credit card information must be provided:

Name as it appears on card (Print): _____

Account Number: _____ Exp: _____ MC ___ VISA ___

ANNUAL NON-REFUNDABLE STUDENT FEE (\$500) _____

(The fee is due on acceptance for new applicants and is due upon re-enrollment for returning students.)

I understand that places in the School are reserved on a yearly basis; that tuition payments and all other costs must be paid promptly, and that I am responsible for the full annual tuition regardless of absence, suspension, dismissal, or withdrawal. I have read and accepted the rates, terms, and conditions as set forth in the Tuition and Fee Schedule.

Printed Name of Parent or Legal Guardian

Signature of Financially Responsible Party

Signature of Parent or Legal Guardian

Printed Name of Financially Responsible Party

(Area Code) Telephone Number

Billing Address of Financially Responsible Party

Date

City State Zip Code

Headmaster's Signature

(Area Code) Telephone Number

(A student with a delinquent account will not be enrolled until the account is reconciled.)