

# LCA FINANCIAL AGREEMENT

Parents, guardians or other financial sponsors must complete one copy of this form (both sides) and list all students for whom they are financially responsible. All parties responsible for paying tuition and fees must sign.

**FINANCIAL RESPONSIBILITY**

*I am financially responsible for the student(s) listed below. I understand it is my full responsibility to secure any needed tuition assistance, and I will personally be responsible for any unpaid amounts. Any subsidies that are not paid as expected by my church or other organizations will be my responsibility to be paid monthly as due.*

**REGISTRATION FEE**

*I agree to pay the registration fee of \$ \_\_\_\_\_ on Registration Day unless special arrangements are made for payment before the first day of school.*

**TUITION RATE (Check one)**

- \_\_\_\_\_ *I am a current member of the Apison SDA Church and agree to pay this year's constituent rate.*
- \_\_\_\_\_ *I am a current member of the \_\_\_\_\_ Church and agree to pay this year's constituent rate and my church has agreed to pay the difference.*
- \_\_\_\_\_ *I am NOT yet a member of the Apison SDA Church and agree to pay this year's non-constituent rate.*

**PAYMENTS (Check one; speak with the Treasurer BEFORE filling in amounts.)**

- \_\_\_\_\_ *Monthly. I agree to make 10 monthly payments of \$ \_\_\_\_\_ beginning this August and continuing through May of next year. I understand that each payment is due by the 10<sup>th</sup> of the month.*
- \_\_\_\_\_ *Monthly. We are enrolling during the school year and I agree to make \_\_\_\_\_ monthly payments of \$ \_\_\_\_\_ beginning this \_\_\_\_\_ and continuing through \_\_\_\_\_. I understand that each payment is due by the 10<sup>th</sup> of the month.*
- \_\_\_\_\_ *Prepay Semester (3% discount). I agree to make two payments of \$ \_\_\_\_\_; one in August and one in January.*
- \_\_\_\_\_ *Prepay Year (5% discount). I agree to make one payment of \$ \_\_\_\_\_ by the end of August.*

**LATE AND RETURN CHECK FEES**

*If a monthly payment is not remitted by the 10<sup>th</sup>, I will pay a \$30 late fee. This applies each time a payment is late. If any payment submitted is not honored by the school's financial institution, I will pay a \$25 fee for each payment denied.*

**SPECIAL ARRANGEMENTS**

*If I am not able to make a payment on time, I will contact the School Treasurer before the payment is due to make arrangements. I understand that my proposed arrangements for payments are not valid without written acceptance from the Finance Committee, signed by the School Treasurer.*

**STATEMENTS**

*I request that the School Treasurer send all tuition statements and any other billing correspondence for the student(s) listed on this form to:*

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Please send my statements via Email (circle one):    Yes    No

Street Address or Post Office Box: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

**STUDENT INFORMATION (please print)**

Last Name	First	Middle	Date of Birth	Grade Entering

**FINANCIAL SPONSOR INFORMATION** (please print)

	SPONSOR or PARENT / GUARDIAN	SPONSOR or PARENT / GUARDIAN
Name		
Street Address or POB (if different than address on front)		
City, State and Zip (if different than address on front))		
Home Phone Number		
Cell Phone Number		
Employer		
Employer's Phone Number		
Membership Church for Child(ren)		
Do you have an outstanding balance at any SDA School?	<input type="checkbox"/> YES – List school and amount of debt below <input type="checkbox"/> NO	<input type="checkbox"/> YES – List school and amount of debt below <input type="checkbox"/> NO

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\$ \_\_\_\_\_  
Balance Due

\$ \_\_\_\_\_  
Balance Due

**AGREEMENT**

*I understand that failure to abide by this agreement may result in suspension from school for the student(s) listed on this form until all financial obligations have been met. I also understand and agree that all report cards, transcripts, diplomas and other educational records will not be released until all obligations have been met.*

\_\_\_\_\_  
Signature of Financial Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Financial Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name