



ENROLLMENT CONTRACT
For Academic Year 2017-2018

FOR OFFICE USE ONLY:
Date Received: _____
Amount Received: _____
School Official Accepting Enrollment: _____

Name of Student _____ Entering Grade _____

In consideration of the acceptance of this agreement by Memorial Day School, Inc. the undersigned agrees to pay the required fees as specified below:

NEW STUDENTS ONLY:

APPLICATION FEE: (Non-Refundable)

Kindergarten -12: **\$300.00**
(Includes testing and processing)

ALL STUDENTS:

DEPOSIT: (Non-Refundable)

Grades KD-12: **\$300.00**

RETURNING STUDENTS:

A \$300.00 LATE FEE WILL BE ASSESSED IF YOUR ENROLLMENT IS NOT RECEIVED BY APRIL 14, 2017, \$400.00 BY MAY 12, 2017 AND \$500.00 BY JUNE 16, 2017.

TUITION:

Kindergarten \$ 7300.00
Grades 1-4 \$ 7700.00
Grades 5-12 \$ 8450.00

MULTI-CHILD DISCOUNT: \$100.00 for 2nd student; \$200.00 for 3rd student

TUITION PAYMENT OPTIONS:

1. One payment of full tuition by May 1, 2017 *****A discount of \$400.00 will be offered if all fees and Tuition are paid in full by April 3, 2017**
2. Two payments: ½ being due May 1, 2017 and the other ½ due November 1, 2017
3. Monthly payments through FACTS Management program are set up through the school Business Office.

TUITION CREDIT PLAN: \$200.00 PER YEAR PER STUDENT. This fee is Non-Refundable.

** herein referred to as "TCP"*

In view of this obligation, I understand that participation in the TCP is required unless the full year's fees are paid by June 1, 2015, in which case the TCP is elective. Even though I may be using the facilities of a monthly payment plan, the participation requirement is not altered. I understand that the cost of this insurance protection is due and payable at the time of registration. The TCP will insure fees (prepaid and due) in the event of separation, according to the terms of the TCP. I understand that the TCP becomes effective on **the first day of school** in the event of the student's inability to attend school due to a covered medical reason. The non-medical coverage (voluntary withdrawals and dismissals) does not become effective until the student has attended fourteen consecutive calendar days (including weekends) commencing with the student's first class day of attendance in the academic year. Additionally, I authorize the School to apply to my account any claim benefit to which I am entitled under the Tuition Credit Plan, paying any excess to me. I agree to pay the School whatever balance remains unpaid after any benefit by the TCP is credited to my account within 15 days after receipt of a final, itemized bill.

A. **Payment Plan #1:** I have selected Payment Plan #1 and understand that the Tuition Credit Plan is optional.

_____ Yes, I DO wish to participate in the Tuition Credit Plan.

_____ No, I DO NOT wish to participate in the Tuition Credit Plan. I understand that by making this selection I will be responsible for the full year's tuition and that there will be no credit or refund in the event of my student's withdrawal or dismissal.

SIGNATURE OF PERSON FINANCIALLY RESPONSIBLE

DATE

B. **Payment Plans #2 or #3:** Parents selecting Payment Plan #2 or #3 will automatically be enrolled in the Tuition Credit Plan. The annual cost to enroll is \$200.00 per student and must be paid at the time of registration. A check post-dated for one month after payment of the registration fee, but no later than May 1, 2016 will be accepted. The check must be included with the registration fee and enrollment forms.

_____ Please Initial

I UNDERSTAND THAT MY OBLIGATION TO PAY THE FEES FOR THE FULL ACADEMIC YEAR IS UNCONDITIONAL, AND AFTER JULY 2, 2017 NO PORTION OF FEES PAID OR OUTSTANDING WILL BE REFUNDED OR CANCELLED IN THE EVENT OF ABSENCE, WITHDRAWAL, OR DISMISSAL OF THE ABOVE STUDENT FROM THE SCHOOL.

I understand that in signing this Enrollment Contract for the upcoming academic year, I am agreeing to read and accept the rules and regulations of the School as stated in the Parent/Student Handbook and the rule concerning payment of fees as referred to above. Furthermore, I agree to the policy of the School that no student grades, transcripts, or diploma will be released unless my account has been paid in full. I understand, agree, and consent for Memorial Day School to request that my child take a drug and/or alcohol test, with or without cause, as part of the schools random drug testing program. Failure or refusal to take the test, adulterating any specimen, or failure to pass the test may be grounds for suspension or other discipline including dismissal from school.

It is further agreed that enrollment, as specified with this Enrollment Contract, may be cancelled by the parents or guardians in writing without penalty (except forfeit of the Application Fee, Registration Fee and Tuition Credit Plan fee) prior to July 2nd. If enrollment is cancelled after July 2nd, parents or guardians financially responsible for the student are obligated to pay the full annual charges. I also understand that if this enrollment contract, appropriate fees, and forms are not received in the Business Office by March 16, 2017 my account will be subject to the \$300.00 late fee, \$400.00 if not received by April 13, 2017 and \$500.00 if not received by June 1, 2017.

In the event my account becomes overdue, I understand that the School shall have the right to take legal action for collection of all school fees and that I will be responsible for all costs of collection, including court costs and attorney's fees.

This instrument shall be interpreted in accordance with the laws of the State of Georgia.

Signature of both parents, guardians, or other persons responsible for payment of educational expenses is required.

Student Name

Legal Signature of Father/Guardian or Person Responsible for Payment

Date

Legal Signature of Mother/Guardian or Person Responsible for Payment

Date