

WISE COUNTY CHRISTIAN SCHOOL FINANCIAL AGREEMENT

So that our parents understand the financial policies of Wise County Christian School, we ask that you read the following information and sign this form indicating your agreement and understanding of the policies set forth.

POLICIES

1. Upon enrolling my child in Wise County Christian School, I hereby agree to pay my tuition in *advance* as indicated:

 10 month plan. Payment of \$ _____ beginning on _____ and ending on _____.

 12 month plan. Payment of \$ _____ beginning on _____ and ending on _____.

 Total amount paid at beginning of school year.

2. A student will not be allowed to attend class if tuition is 40 days past due. Past due notices will be sent.

3. Scholarship forms are available. Scholarships are limited and available only to K-5 – 12th grade students.

4. Student will not be permitted to begin a new school year until all fees have been paid in full from the previous year.

5. All fees must be paid in full upon withdrawal of a student. WCCS reserves the right to withhold grades, transcripts, and/or diploma until financial obligations are met.

<u>Person Responsible for Student's Tuition:</u>	<u>Student Name</u>	<u>Birthdate</u>	<u>Tuition/Fees</u>
Name: _____	1) _____		
Address: _____	2) _____		
_____	3) _____		
Home Phone: _____	4) _____		
Cell Phone: _____	5) _____		
Email: _____			
Social Security #: _____			Total: _____

By signing this form, I acknowledge that I have read, understand, and agree with its provisions and accept responsibility for my child's financial account. I further agree to make payments agreed upon to Wise County Christian School in the amount of \$ _____ per month or pay the full tuition amount of \$ _____, due on my child's first day of attendance.

Signature _____ Date _____