

TUITION COMMITMENT CONTRACT
Community Christian Academy
2011-12 School Year

Parent's Names _____

Student(s) name and grade: Enter the highest grade first.

Last Name, First Name	Grade	Annual Tuition Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Annual Tuition _____

Subtract the following from Total Annual Tuition:

Credit Balance brought forward	_____
T.R.I.P. Earnings	_____
Employee Discount	_____
Minister Discount	_____
Financial Aid/Scholarship	_____

TUITION DUE LESS DISCOUNTS _____

Payment Schedule

(\$100 charge per family for each deadline missed)

First Installment 5% of tuition (Due by April 29)	_____
Second Installment 10% of tuition (Due by June 30)	_____

TUITION BALANCE _____

Tuition Insurance Plan (\$140 per student): _____

In view of this obligation, I understand that the Tuition Insurance Plan is being made available to me at this time to protect my yearly financial obligation under the terms of the Tuition Contract. This program insures fees (prepaid and due) in the event of separation according to the terms of the policy. I understand purchasing the Tuition Insurance is mandatory if making monthly payments.

I have received and read the enclosed brochure detailing the terms and conditions of coverage concerning this Plan. If paying in full, it is imperative that Box A or B below is checked. **Note: Participation is required unless the full annual tuition is paid by August 1, in which case the Plan is elective.**

- A. I wish to participate in the Tuition Insurance Plan. The premium rate is \$140 per student. I authorize the School to process and collect any claim payment to which I am entitled under the Tuition Insurance Plan and credit it to my account, paying any excess to me.
- B. I do not wish to participate in the Tuition Insurance Plan. I understand that no refund or cancellation of the yearly tuition will be made by the School for absence, withdrawal or dismissal before the end of the school year and herewith agree to assume full responsibility for the full annual tuition.

I agree to pay the required tuition as specified below (check one):

- One-time Payment of \$_____ (Payable by July 15 to receive discount) Semester Payment of \$_____ (Sem. I due Aug. 1, Sem. II due Dec. 15) 10-month Payment \$_____ (August 20 – May 20)

Please note:

- Late charges will be applied to overdue balances. Payment of tuition for the full academic year is unconditional, and after Aug. 1 no portion of fees paid will be refunded in the event of withdrawal or dismissal from the school.
- Overdue balances will result in the student being prohibited from participating in school functions and activities (i.e. field trips, sports, programs, etc.), withholding report cards at grading periods, and not allowing the student to take final exams.
- No student records will be released until all balances (including Extended Care) have been paid in full.
- Those receiving an Employee Discount, Minister Discount, or Financial Aid/Scholarship Assistance MUST keep account current or the discount/financial assistance will be discontinued and the parent will be responsible for the entire annual tuition amount prior to the discount/assistance being awarded.

I, the undersigned, have read, understand, and agree to abide by the terms of this Tuition Contract.

Date _____

Signature of Parent/Guardian