

CHILDREN FOR CHRIST ACADEMY

**2647 Panola Road
Lithonia, Ga. 30058
(770) 981-0039**

PRIVATE SCHOOL AGREEMENT: (page 1 of 2)

DATE ____/____/____

NAME BIRTHDATE SEX GRADE ENROLLEMENT DATE

NAME CHILD IS CALLED ADDRESS CITY/ZIP

BIRTH PLACE HOME PHONE RELIGION

DOES CHILD LIVE WITH BOTH PARENTS? ____ YES ____ NO

LAST SCHOOL ATTENDED _____ / ____ / ____
NAME CITY/STATE DATE

FATHER OR GUARDIAN _____
NAME SS# CELL/PAGER

ADDRESS CITY/STATE ZIP CODE

MOTHER OR GUARDIAN _____
NAME SS# CELL/PAGER

ADDRESS CITY/STATE ZIP CODE

MARITAL STATUS ____ SINGLE ____ MARRIED ____ DIVORCED ____ WIDOW(ER)

FATHER EMPLOYED BY: _____
NAME OF COMPANY POSITION PHONE NUMBER

ADDRESS CITY/STATE ZIP CODE

MOTHER EMPLOYED BY: _____
NAME OF COMPANY POSITION PHONE NUMBER

ADDRESS CITY/STATE ZIP CODE

In case of accident, if family is not available, please notify:

RELATIVE _____ PHONE _____ ADDRESS _____

OTHER _____ PHONE _____ ADDRESS _____

FAMILY DOCTOR _____ PHONE _____ ADDRESS _____

This agreement is entered into on this ____ day of _____, 20__ between Children for Christ Academy, and _____ represented to us to be the true parents/legal guardian(s) of _____ Age ___, to whom educational services are to be provided for the 20__ - 20__ school year.

The parent(s) / guardian(s) agree to pay the Academy the annual tuition sum of \$ _____ (_____ Dollars and No/100. This amount reflects any applicable tuition discounts. Tuition will be paid either annually, bi-annually, quarterly, monthly or bi-monthly as agreed. (The Tuition payment period is from August 1st thru April 15th).

Tuition is due on the 1st of each month. A late fee of \$25.00 will be assessed when monthly tuition is paid after the 5th of the month. Tuition paid semi-monthly is due on the 1st and 15th of each month. Semi-monthly payments not made by the 5th and the 20th of the month will be assessed a late fee of \$25.00 for each occurrence. (Students will not be admitted to class if tuition is not paid by the 5th and the 20th of the month).

The parties agree that a \$25.00 penalty will be charged for checks returned unpaid because of insufficient funds along with a \$25.00 late payment fee if NSF checks are not resolved prior to the aforementioned payment deadlines. Returned checks will be re-deposited unless otherwise notified (a maximum of two NSF checks will be tolerated, after that only cash or money orders will be accepted).

The parties agree that enrollment is not complete without required physicals or immunizations as required by the State Board of Health.

Each family is required to donate a minimum of 20 hours of volunteer time for the school year.

The parties agree that this contract is for the entire school year and the parent(s) / guardian(s) are responsible for the full yearly tuition of \$ _____ (_____ Dollars and No/100). The non-refundable Registration fee of \$350.00 is not included in this amount.

We, the undersigned, do hereby understand and agree to be governed by the terms and conditions set forth in this document.

Date ____ / ____ / ____
Parent / Guardian (signature)

Date ____ / ____ / ____
Parent / Guardian (signature)

Date ____ / ____ / ____
Administrator
Children for Christ Academy