



**FORT COLLINS CHRISTIAN SCHOOL**  
**Financial Agreement**  
**2018-2019**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

1. Tuition is due on the first day of each month. A full month's tuition is required for any portion of the month attended. A monthly statement will be sent on or before the 20<sup>th</sup> day of the prior month. For example, the statement for October will be sent on or before the 20<sup>th</sup> of September along with a receipt for September's payment.
2. Tuition is due on the first day of each month. There is a 15-day grace period. If tuition is not received by the 15<sup>th</sup> of the month, the parent will receive a letter requesting a written plan for paying the balance in full as soon as possible.
  - a) It is the parent's responsibility to make appropriate financial arrangements.
  - b) A \$10 late charge will be added to each account not paid by the 15<sup>th</sup>.
3. If payment in full is not received by the 30<sup>th</sup> of the month and acceptable arrangements are not made, parents receiving financial aid will lose the financial aid for that month. For example, if the October payment is not received by October 30<sup>th</sup>, the parent will lose financial aid for October and will owe the entire balance, including the \$10 late fee.
4. If payment is not received by the 30<sup>th</sup> of the next month (if the balance is 60 days overdue) the student(s) will be suspended until payment or acceptable arrangements are made. This applies to any student, whether or not he or she receives financial aid.
5. It is the parent's responsibility to make payment arrangements for any overdue balance. Unless acceptable arrangements are made, the Financial (Finance) Committee and the School Board will enforce the afore mentioned policies.

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Registration Fee: _____	Tuition _____
Additional Student: _____	Sponsor Commitment _____
Additional Student: _____	Parent Responsibility _____

I (print name) \_\_\_\_\_, understand and agree to the financial agreement and policies of Fort Collins Christian School as stated above. By signing this agreement, I accept full responsibility for payment of my account with the Fort Collins Christian School and understand that a transcript will be released only upon full payment of the account.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_