



Bell Shoals BAPTIST ACADEMY

VPK Extended Day 2017-2018 TUITION CONTRACT

Please check all that apply:	
Returning student	_____
New student	_____
Has older BSBA sibling	_____
BSBA/BSBC staff	_____

We the parent(s), _____,
agree to enroll _____ into the following 4 year old
class for the upcoming school year (check one):

Choose:
 _____ Full year 4 year old program (5 1/2 days; 8:15-12:15) _____ Voucher received
 _____ Full year 4 year old program (5 full days; 8:15-2:30) _____ Voucher received

Please initial that you have read and understand the following:

- _____/_____ 1. FEES:
 Tuition Deposit \$ _____ (NON-REFUNDABLE/NON-TRANSFERABLE if student is accepted)
 Tuition Balance \$ _____ (in _____ payments of \$ _____ per mo. due **June – April**)
- _____/_____ 2. We understand that we are responsible to notify the school administration thirty days prior to transferring or withdrawing student for any reason. This notification is to be in writing. We recognize that all tuition installments paid up to and including the date of withdrawal are forfeited. In addition, an early withdrawal fee of 15% of the remaining balance will be assessed and due to the school.
- _____/_____ 3. We understand that the tuition balance will be paid by monthly automatic debits by BSBA, through FACTS. You may have the payment automatically debited on the 5th or the 20th of each month. It will be debited n 11 equal installments with the **first payment made on June 5th or 20th and the last on April 5th or 20th**. If there are insufficient funds available a \$20.00 fee will be charged for NSF. If your account is two payments in arrears, your student may not be allowed to attend classes until your account is current.
- _____/_____ 4. A current copy of any legal documents regarding your student, must be kept on file in the Academy office. It is the sole responsibility of the parent to provide the school with any changes or updated legal documents. (ex: custody, visitation, name change, etc.)

Person responsible for tuition : (if different from parents or legal guardian)

Signed _____ Relationship _____

Print _____

Who has legal custody of the student for whom this contract is made?

THE SIGNATURE OF EACH STUDENT’S PARENT OR GUARDIAN IS REQUIRED.

Office Use Only	
Ltr. w/copy	_____
RW	_____
Excel	_____
FACTS	_____

SIGNED: _____
Father or Legal Guardian

Date

Mother or Legal Guardian

Date