

FOR OFFICE USE ONLY:
Date Received: _____
Amount Received: _____
School Official Accepting
Enrollment: _____

ENROLLMENT CONTRACT
For Academic Year 2011-2012

Name of Student _____ Entering Grade _____

In consideration of the acceptance of this agreement by Memorial Day School, Inc. the undersigned agrees to pay the required fees as specified below:

NEW STUDENTS ONLY:

APPLICATION FEE: (Non-Refundable)

Kindergarten -12: **\$300.00**
(Includes testing and processing)

ALL STUDENTS:

REGISTRATION FEE: (Non-Refundable)

Grades KD-12: **\$300.00**
Multi-Child Discount: **\$100.00**

RETURNING STUDENTS:

A \$300.00 LATE FEE WILL BE ASSESSED IF YOUR ENROLLMENT IS NOT RECEIVED BY APRIL 15, 2011, \$400.00 BY MAY 15, 2011 AND \$500.00 BY JUNE 15, 2011.

TUITION:

Kindergarten \$ 5600.00
Grades 1-5 \$ 5900.00
Grades 6-12 \$ 6500.00

ADDITIONAL FEES:

Kindergarten – 5th grade Book/Supply Fee **\$300.00**
6th – 12th grade Student Activity Fee **\$300.00**
11TH & 12TH grades Dues **\$200.00**

TUITION PAYMENT OPTIONS:

1. One payment of full tuition by June 1, 2011 *****A discount of \$400.00 will be offered if all fees and Tuition are paid in full by April 1, 2011**
2. Two payments ½ being due May 1, 2011 and the other ½ due November 1, 2011
3. Monthly payments through FACTS Management program and will be set up through the school Business Office.

TUITION CREDIT PLAN: \$200.00 PER YEAR PER STUDENT. This fee is Non-Refundable.

In view of this obligation, I understand that participation in the Tuition Credit Plan is required unless the full year's fees are paid by June 1, 2010 in which case the Plan is elective. Even though I may be using the facilities of a monthly payment plan, the participation requirement is not altered. I understand that the cost of this insurance protection is due and payable at the time of registration. The Plan will insure fees (prepaid and due) in the event of separation, according to the terms of the Policy. I understand that the Tuition Credit Plan becomes effective on **the first day of school** in the event of the student's inability to attend school due to a covered medical reason. The non-medical coverage (voluntary withdrawals and dismissals) does not become effective until the student has attended fourteen consecutive calendar days (including weekends) commencing with the student's first class day of attendance in the academic year. Additionally, I authorize the School to apply to my account any claim benefit to which I am entitled under the Tuition Credit Plan, paying any excess to me. I agree to pay the School whatever balance remains unpaid after any benefit by the Plan is credited to my account within 15 days after receipt of a final, itemized bill.

A. **Payment Plan #1:** I have selected Payment Plan #1 and understand that the Tuition Credit Plan is optional.

_____ Yes, I DO wish to participate in the Tuition Credit Plan.

_____ No, I DO NOT wish to participate in the Tuition Credit Plan. I understand that by making this selection I will be responsible for the full year's tuition and that there will be no credit or refund in the event of my student's withdrawal or dismissal.

SIGNATURE OF PERSON FINANCIALLY RESPONSIBLE

DATE

B. **Payment Plans #2 or #3:** Parents selecting Payment Plan #2 or #3 will automatically be enrolled in the Tuition Credit Plan. The annual cost to enroll is \$200.00 per student and must be paid at the time of registration. A check post-dated for one month after payment of the registration fee, but no later than May 1, 2011 will be accepted but must be included with the registration fee and enrollment forms.

_____ Please Initial

I UNDERSTAND THAT MY OBLIGATION TO PAY THE FEES FOR THE FULL ACADEMIC YEAR IS UNCONDITIONAL AND THAT AFTER JULY 1, 2011 NO PORTION OF FEES PAID OR OUTSTANDING WILL BE REFUNDED OR CANCELLED IN THE EVENT OF ABSENCE, WITHDRAWAL OR DISMISSAL OF THE ABOVE STUDENT FROM THE SCHOOL.

I understand that in signing this Enrollment Contract for the coming academic year, I am agreeing to read and accept the rules and regulations of the School as stated in the Parent/Student Handbook and the rule concerning payment of fees as referred to above. Furthermore, I agree to the policy of the School that no student grades, transcripts, or diploma be released unless my account has been paid in full. I understand, agree and consent for Memorial Day School to request that my child take a drug and/or alcohol test, with or without cause, as part of the schools random drug testing program and that the failure or refusal to take the test, adulterating any specimen, or failure to pass the test may be grounds for suspension or other discipline including dismissal from school.

It is further agreed that enrollment, as specified with this Enrollment Contract, may be cancelled by the parents or guardians in writing, without penalty (except forfeit of the Application Fee, Registration Fee and Tuition Credit Plan fee) prior to July 1. If enrollment is cancelled after July 1, parents or guardians financially responsible for the student are obligated to pay the full annual charges. I also understand that if this enrollment contract and appropriate fees and forms are not received in the Business Office by April 15, 2011 my account will be subject to the \$300.00 late fee, \$400.00 if not received by May 15, 2011 and \$500.00 if not received by June 15, 2011.

In the event my account becomes overdue, I understand that the School shall have the right to take legal action for collection of all school fees and that I will be responsible for all costs of collection, including court costs and attorney's fees.

This instrument shall be interpreted in accordance with the laws of the State of Georgia.

Signature of both parents, guardians, or other persons responsible for payment of educational expenses is required.

Student Name

Legal Signature of Father/Guardian or Person Responsible for Payment

Date

Legal Signature of Mother/Guardian or Person Responsible for Payment

Date