



## 2014-2015 Financial Commitment Form

Student's Full Name		Grade (Next Year)	Student Shirt Size
Name of Financially Responsible Party	/:		
Relationship to Student:	First	Middle -	Last
Email address (for account payment in	formation):		
Name on Email Account:			
Required Forms for Reenrollmer	<u>nt</u> :		
K5: Georgia Immuniza 6 <sup>th</sup> Grade: Georgia Immuniza		🔲 Georgia 3-Pt Scre	eening Form 3300
Payment Plan Desired:			
Payment in Full (4% discount if paid in full by <b>June 1st</b> )	☐10 Month Payn ☐12 Month Payn	=	Semester Payment Plan
<u>Please Note:</u>			
The non-refundable enrollment fee will	be charged to your a	ccount upon completion of	this form.
All books are to be paid in full by Octol	ber 1 <sup>st</sup> .		
All students will need a backpack. K3- students will need to provide their own			t fees. 6 <sup>th</sup> -12 <sup>th</sup> grade

## Withdrawal Process:

Enrolled/pre-enrolled students withdrawing after **June 1**<sup>st</sup> are required to pay the following:

- Pro-rated tuition through the date of withdrawal (this amount is based on a 180 day school year)
- Withdrawal fee equal to 20% of the annual tuition for the current school term
- All book fees incurred by the student

Parents/guardians of students who withdraw, are expelled, or asked to withdraw before the end of the school year are responsible for these fees. Academic and disciplinary records will not be released for any student with an unpaid family account (this includes transcripts, report cards, testing results, and transfer records).

Any account that is turned over to a collection agency will be responsible for any collection fees, attorney fees, court fees, etc. (Policy #2.10.2)

We have read and agree to abide by the policies of the school. We pledge, upon acceptance, to do everything possible to have our child complete the academic year realizing that another student may have been denied enrollment due to our acceptance.

I understand all authorizations outlined above and agree hereto. I commit financially and additionally, I agree to read and abide by all school policies as stated in the Student Handbook and will endeavor faithfully to support Covenant Christian Academy.

Father/Legal Guardian Printed Name Date

Father/Legal Guardian Signature

Mother/Legal Guardian Printed Name Date

Mother/Legal Guardian Signature

EDUCATING, EVANGELIZING, AND EQUIPPING YOUNG PEOPLE TO BE LIFE CHANGERS FOR CHRIST. 3425 Loganville Hwy SW Loganville, GA 30052 770-466-7890 Fax 770-466-2833