



FINANCIAL CONTRACT 2017-18

FOR OFFICE USE ONLY:	
NEW	
<input type="checkbox"/>	Registration only
<input type="checkbox"/>	Pending/Final
<input type="checkbox"/>	Denied
RETURNING _____	
<input type="checkbox"/>	Pending
<input type="checkbox"/>	Final

PERSON RESPONSIBLE FOR SCHOOL ACCOUNT

Last Name _____ First Name _____ Relationship to student _____

Email for Billing Statement (On-line payment instructions are included with the monthly statement) _____

Address _____ City _____ State _____ Zip _____ - _____

Home Phone _____ Work Phone _____ Cell Phone _____

STUDENT INFORMATION

	2017-18 GRADE	CURRENT STUDENT	NEW STUDENT
Last Name _____ First _____ Middle _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Last Name _____ First _____ Middle _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Last Name _____ First _____ Middle _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Last Name _____ First _____ Middle _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

WITHDRAWAL POLICY NOTIFICATION

- Enrollment at SCA is a commitment for the entire year.
- Parents who wish to withdraw their student from school must notify the Headmaster in order to initiate withdrawal procedures.
- All outstanding bills are to be paid and all textbooks and SCA materials returned before school records, grades or transcripts can be released to any school or institution.
- *Parent-choice withdrawal* is defined as withdrawal for any reason other than 1) parental job change or transfer which results in the student relocating more than 50 miles from the campus, or 2) termination of enrollment by administration (expulsion, etc.).
- *Penalties for parent-choice withdrawal are listed below.*
 - **Withdrawal prior to beginning of school year after June 15**, a \$400 withdrawal fee per student is assessed and parents are obligated to pay all tuition fees billed through the date of withdrawal.
 - **Withdrawal during the school year** will constitute a \$400 withdrawal fee per student and payment for number of days enrolled.

I have read and agree to the above withdrawal policy fees. **SIGNATURE REQUIRED** _____

CONTRACTUAL AGREEMENT

I have read and understand the SCA financial policies including the withdrawal policy above and pledge to fulfill my responsibilities accordingly. I understand that tuition rates do not cover the cost of operating the school and understand my participation in other ways such as volunteer involvement, monetary giving, and regular prayer efforts are necessary for the benefit of our children.

SIGNATURE REQUIRED _____

TUITION PAYMENT PLAN

Please check preferred payment plan. **Discount applies ONLY if payment is received by specified due date.**

Annual Plan – Prepayment of total tuition due by June 20, 2017 (3% discount)

Semi-Annual Plan- Prepayment of ½ tuition due by June 20, 2017, ½ due by December 20, 2017 (1.5% discount)

Monthly Payment Plan –varies depending on month of enrollment

Changes in payment plan after June 1 will incur a \$25.00 penalty fee.

**➤➤CHURCH MEMBERS, SCA/FBNS STAFF, AND SENIOR PASTORS
MUST COMPLETE BACK OF FORM➤➤**

**COMPLETE THIS SECTION TO QUALIFY FOR THE VARIOUS DISCOUNT GROUPS
(SCA/FBSN Staff, FBNS Member, or Senior Pastor of a church)**

SCA/FBNS STAFF

SCA Staff

FBNS Staff

SIGNATURE REQUIRED _____

CHURCH MEMBER QUALIFICATIONS

The signature below validates that I am currently a ¹*financially supporting* and ²*regularly attending* ³*member* of First Baptist North Spartanburg and understand that any change in status from these stated qualifications will necessitate a recalculation of tuition fees at the point of change. Furthermore, I will take responsibility for immediately informing the school if and when a change occurs.

¹***financially supporting***: Those whose commitment is small or nonexistent in this area do not qualify. We teach planned, systematic, generous, sacrificial giving to the on-going ministry of FBNS.

²***regularly attending***: Those whose attendance is infrequent or sporadic do not qualify. We teach active and faithful participation in various ministries/services of FBNS.

³***member***: Those who are not officially registered in the church office as members of FBNS do not qualify. Successful completion of the New Members Class is required for all new membership prospects.

Yes, I am an FBNS member.

SIGNATURE REQUIRED _____

SENIOR PASTOR

Church Name _____

Address _____ City _____ State _____ Zip _____ - _____

Church Phone _____

SIGNATURE REQUIRED _____