



ALL SAINTS' ACADEMY
 5001 State Road 540 West, Winter Haven, FL 33880
 (863) 293-5980 Fax (863) 294-2819

2010 -2011 Enrollment Contract

Student Name: _____
Social Security Number 2010-11 Grade

Student Name: _____
Social Security Number 2010-11 Grade

Student Name: _____
Social Security Number 2010-11 Grade

Parents/Guardians: _____

Address: _____

Telephone: Home: _____ **Work:** _____

In consideration of the acceptance of this enrollment contract by All Saints' Academy, Inc., I agree to pay all required tuition and fees and abide by all stipulations and payment terms set forth in the policy stated below.

All Students are enrolled for the entire period between the date of their admission and the end of the school year. Tuition for the entire year shall be paid notwithstanding the fact that the student(s) may be withdrawn during the year. There shall be no tuition refund for student absence due to illness or other causes, or for students dismissed for violation of school policies. All Saints' reserves the right to dismiss any student whose progress or conduct, in its sole judgment, is unsatisfactory. It is understood that parents (guardians) and student(s) shall comply with all school regulations, as set forth in periodic policy statements or as outlined in the current Student Handbook.

Should enrollment be withdrawn, in writing, prior to June 1, 2010, I understand the non-refundable deposit will be retained by the school, but there will be no obligation to pay the other sums. If enrollment is withdrawn or the student fails to attend All Saints', even as a result of dismissal by the school, after June 1, 2010, I am obligated to pay full annual tuition and fee charges.

I further agree to pay all cost of collection, including reasonable attorney fees, if I fail to pay any sums due under this contract and recovery is sought by legal proceedings or through an attorney. In addition, no records will be released until all outstanding fees are satisfied.

Unless and until I deliver to All Saints' written notice of the contrary, I hereby authorize the above-named student to participate in all school activities, including athletics and school sponsored or sanctioned trips and authorize the use of the student's photograph in school publications. I also agree to provide all academic, medical, and psychological records on the above-named student.

I understand that no student shall attend class without a signed copy of this contract on file at All Saints' Academy.

**Enrollment Contract
Tuition Payment Plan**

Please choose one of the following:

_____ 11 Equal monthly payments of \$_____ Due on the 1st of every month
Beginning July 1, 2010 with the final payment due May 1, 2011.

_____ 11 Equal monthly ACH debits \$_____ beginning July 10, 2010 with the
final payment due by May 10, 2011.

_____ 2 equal installments of \$_____ Due July 1, 2010 and December 1, 2010.

_____ 1 Annual payment of \$_____ Due July 1, 2010.

A late fee of \$25.00 per month shall be charged if payment is not received within Ten days of the due date.

Signature of parent (guardian) responsible for payment

Date

Social Security number

Drivers License Number

This contract, the conditions, and the payment plan are accepted for All Saints' Academy by:

CeCe Woolverton, Business Manager

Credit Card payments will be accepted for Annual and Semi Annual payments only. Please included Credit Card # _____

Expiration Date _____

Circle VISA MASTER CARD AMERICAN EXPRESS DISCOVER

Card Holders Signature: _____