

Kings Christian School, Inc.
900 East D Street
Lemoore, CA 93245
(559) 924-8301 FAX (559) 924-0607

Tuition Payment Agreement:

The following statements form an agreement which defines the obligation of the parent, guardian or individual which is financially responsible to Kings Christian School, Inc. on behalf of the following named students whose enrollment has been accepted by Kings Christian School, Inc.

Student Name: _____ Grade: _____
Student Name: _____ Grade: _____
Student Name: _____ Grade: _____

We have elected the following payment option: Yearly (by Sept 10th), Quarterly (by the 10th of Sept., Jan, April, July),
11 Month Plan (by the 10th) Please see Registration Requirements Circle one Initials: ____/____

We understand that if we enroll after the first day of school, a late enrollment fee of \$100 will be processed along with the Application Processing Fee. (See Registration Requirements) Initials: ____/____

We understand that upon this agreement, all fees are due in full by July 31st. Further, we acknowledge the school,has the right to terminate the attendance of any student for any reason addressed in the KCS Student/Parent Handbook, including the failure of the parent to maintain their financial obligation to Kings Christian School, Inc.(8th and 12th grade students' tuition must be current in order for them to participate in graduation ceremonies). Initials: ____/____

We understand that there is a \$ 25 returned check fee for each payment returned. Initials: ____/____

We understand that a payment not received by the 20th of the month is subject to a late fee of \$25 for every month it is not paid in full. Initials: ____/____

We understand that if any payment is not made within sixty (60) days of the due date, KCS may turn the account over to Kings Credit Service for collection and suspend the student (s) and is under no obligation to provide services, educational or otherwise, to aid said student. A \$25 processing fee will be charged. Initials: ____/____

We understand if the students listed above withdraw, or are suspended or dismissed from Kings Christian School, Inc. for any reason after the school year commences, tuition will be prorated on a weekly basis. An Early Withdrawal Fee of \$100 will be billed to my account. Initials: ____/____

We understand that this Tuition Payment Policy is in effect for as long as my children attend Kings Christian School, Inc. Initials: ____/____

Date: _____

Signature of Father/Guardian

Date: _____

Signature of Mother/Guardian

Please print Father/Guardian's Name

Please print Mother/Guardian's Name

Please print the name and address and e-mail address of the person who will be paying tuition other than the parents:

Date: _____

Signature of Payee

This agreement MUST be signed by both parents before application is processed.

Updated 2/17/11