



Trinity Lutheran Christian School & Early Learning Center

EST. 1960 † Faith Based Learning With Technology

"We Care About Jesus' Kids"

Parents or guardians should sign this Contract in duplicate and return both copies to the Admissions Office. One copy will then be countersigned and returned by this office.

ENROLLMENT CONTRACT (Tuition Refund Plan)

2019 / 2020 ACADEMIC YEAR

Trinity Lutheran Christian School agrees to enroll _____ for the 2019 - 2020 school year, and to provide the program and educational and other services as prescribed for that grade.
(Student Name)

In consideration of the acceptance of the Enrollment Contract by Trinity Lutheran Christian School the undersigned agrees to pay the required fees as specified below:

Insurance Payment in the amount of \$ ____ (1.5% of balance financed) is due when you set-up your monthly payment plan.

I understand that my obligation to pay the fees for the full academic year is unconditional and that after August 1 no portion of fees paid or outstanding will be refunded or canceled in the event of absence, withdrawal or dismissal from the school of the above student.

In view of this obligation, I understand that the Tuition Refund Plan is being made available to me at this time to protect my yearly financial obligation under the terms of the Enrollment Contract. This program insures fees (prepaid and due) in the event of separation according to the terms of the policy.

I have received and read the enclosed brochure detailing the terms and conditions of coverage concerning this Plan. It is imperative that Box A or B below is checked for each child enrolled. Note: Participation is required unless the full annual charges are paid by the opening day of School, in which case the Plan is elective.

- One of these boxes MUST be checked
- A. I wish to participate in the Tuition Refund Plan. The premium rate is 1.5% of the annual fees. I authorize the School to process and collect any claim payment to which I am entitled under the Tuition Refund Plan and credit it to my account, paying any excess to me.
 - B. I do not wish to participate in the Tuition Refund Plan. I understand that no refund or cancellation of the yearly fees will be made by the School for absence, withdrawal or dismissal before the end of the school year and herewith agree to assume full responsibility for the full annual fees.

I understand that in signing this Enrollment Contract for the coming academic year, I am agreeing to accept the rules and regulations of the School as stated in the current catalog and the rule concerning payment of fees as referred to above. Furthermore, I agree to the policy of the School that no student will be permitted to take examinations nor will grades and transcripts be released unless an account has been paid in full.

Enrollment, as specified within this Enrollment Contract, may be canceled by the parents or guardians in writing, without penalty (except forfeit of the Reservation Deposit) prior to August 1. If enrollment is canceled after August 1, parents or guardians financially responsible for the student are obligated to pay the full annual charges.

In order to reserve a place for your child, both copies of this Enrollment Contract and your Reservation Deposit must be received by the School no later than July 31, 2019.

This contract shall be interpreted in accordance with the laws of the State of Maryland.

My signature below affirms that I have read, understand and accept the terms and conditions of this contract.

Signature of Parents or Guardians Financially Responsible for Student:

Date: _____

1. _____ Address _____

2. _____ Address _____

ACCEPTED: Trinity Lutheran Christian School

Date: _____ By _____