



THE CHIA ACADEMY

2625 Canton Road
Marietta, GA 30066
www.chiaacademy.org

Please read carefully, initial, and sign this form. Submit it with your application.

Parent/Guardian Name:

Student:

Address:

Phone:

City:

State:

Zip Code:

Courses are \$450 each per semester. Biology, Chemistry, and Physics also require a \$75/semester charge for lab fees. A full 6 course load for 1 year (2 semesters) is \$5400/year. Courses are available "ala carte" so a full load is not required. A separate \$100, non-refundable annual application fee is required.

I fully understand, agree to, and initial the following payment options:

_____ Registration Fees and Lab Fees are due on September 1st and are non-refundable.

_____ I choose to pay in full for the school year (2 semesters) on or before September 1st. I will receive a 5% discount on tuition. This does not include Registration Fees or Lab Fees.

_____ I choose to pay for the school year (2 semesters) in 8 monthly payments, the first payment is due on or before September 1st, plus Registration Fees or Lab Fees.

Monthly payments will be determined by dividing the tuition total by the # of payments and are rounded up to the whole dollar amount. The first payment is due on September 1st. The final payment will be the balance remaining.

_____ Mailed checks, are to be postmarked on or before the 1st of the month
to: The CHIA Academy
c/o Terri Connor
2553 Kennesaw Springs Court, NW
Kennesaw, GA 30144
chia.acctg@gmail.com

_____ Checks may be placed in the secured mailbox in Room 3, on or before the 1st of the month.

_____ I personally guarantee this payment arrangement. I will notify accounting immediately, if I am unable to keep this agreement and need to make other arrangements.

_____ **Past due invoices are subject to a 5% late fee.** Students that are more than 30 days past due may be suspended from classes and the account sent to a collection agency unless alternate arrangements have been made.

Parent/Caregiver Signature:

Date: