



# THE CHIA ACADEMY

2625 Canton Road  
Marietta, GA 30066  
[www.chiaacademy.org](http://www.chiaacademy.org)

## Tuition Payment Options

**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.*

*Our partner E.U.T.R. meets at the Ross House next door and can offer Middle School parents less expensive options. Many of our teachers teach at both schools. Contact Lisa Mitchell 404-496-1642, call or text.*

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

Checks are to be mailed as follows, postmarked before the 1st day of the month:

\_\_\_\_\_ The CHIA Academy  
c/o Terri Connor  
2553 Kennesaw Springs Court, NW  
Kennesaw, GA 30144  
[chia.acctg@gmail.com](mailto:chia.acctg@gmail.com)

\_\_\_\_\_ I choose to place my check in the secured mailbox in Room 3.

\_\_\_\_\_ I choose to pay in full for the school year (2 semesters) on or before September 7. I will receive a 5% discount on tuition, which is equal to \$270.00. This does include application fees or lab fees. The discount requires a full load of six (6) classes per semester.

\_\_\_\_\_ I choose to pay for the school year (2 semesters) in 9 monthly payments, the first payment is due on or before September 7. This does not include application 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 final payment will be the balance due.*

\_\_\_\_\_ Registration Fees and Lab Fees are due on or before the first day of the semester and are non-refundable.

\_\_\_\_\_ 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.

\_\_\_\_\_ A monthly invoice will not be sent out unless a change in courses occur. It is my responsibility to keep this payment arrangement. Past due invoices are subject to a collection agency unless alternate arrangements have been made.

Parent/Caregiver Signature:

Date: