

Parent Contract
Seymour Community Christian School
P. O. Box 849
Seymour, TN 37865

Reg. Fee
Single _____
Family _____
Act. Fee
K-5 - 3 rd _____
4 th - 6 th _____
7 th - 12 th _____
Book Fee
K-5 _____
1 st - 12 th _____

PARENT'S NAME _____ S.S.# _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____

Only 1 contract per family, but please list each child and grade separately:

CHILD'S NAME _____

GRADE _____

I wish to have my yearly charge of \$ _____ for tuition for the 2017-2018, school term divided into _____ payments at \$ _____ per payment beginning on _____, 2017.

I understand that these payments are due and payable on the first of each month and a service charge of \$30.00 will be added after the tenth of the month.

If an unpaid balance remains after 45 days, the account will be suspended and the student will be removed from school and not allowed to return until all outstanding balances have been paid. If it remains 60 days delinquent, the account will automatically be placed with Revenue Recovery Services in Knoxville.

One day's attendance constitutes financial responsibility for the entire month. No adjustment will be made for holidays or days absent due to illness. This includes each department of the school: Kindergarten, Elementary, Jr. & Sr. High.

All monthly tuition payments will be made directly to the financial office located in the church building.

SIGNED _____ DATE _____
(Parent's Signature)

APPROVED BY _____