

# Parent Contract

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

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

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 2024-25, school term divided into \_\_\_\_\_ payments at \$ \_\_\_\_\_ per payment beginning on \_\_\_\_\_, 2024.

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. Tuition can be broken into as many as 11 payments. The first payment is due September 1<sup>st</sup>. ***All fees are due by orientation. There is no exception to this policy.***

If an unpaid balance remains after 30 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 45 days delinquent, the account will automatically be placed for collections.

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.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

(Parent's Signature)

APPROVED BY \_\_\_\_\_