



FINANCIAL POLICY AGREEMENT

202 – 202

1. **Re-Enrollment Fee – Returning Students.** An annual, non-refundable re-enrollment fee of \$150 per family is required to reserve a place in the school for the next year. This fee is due when application is submitted.
2. **Assessment and Enrollment Fees – New Students:** A non-refundable assessment fee of \$25 per new elementary student is due with initial application. Upon acceptance, an enrollment fee of \$200 per family is required.
3. **Materials Fee:** A materials fee of \$230/yr per student will be charged for Kindergarten-Jr. High. This is due by Aug 1st. Additional materials may be charged for Jr. High up to \$100/yr.
4. **Tuition Payment Schedule:** Tuition is based on an annual cost, payable in 10 monthly installments. **Payment #1 will be due by August 15 and is non-refundable.** Payment #10 will be due May 1 and late after May 15.
5. **Late Enrollment:** Any family enrolling after the 1st of any month will be required to pay the full monthly tuition installment and one-half of the materials fee. The remaining half can be paid with tuition over the next two months.
6. **Late Fees:** Tuition is due the first of the month and considered late after the 15th. **If tuition is not paid by the 15th a \$50 late fee will be charged.**
7. **Delinquent Accounts:** If, on the first of any month, there is a balance owed from the previous month, students will not be allowed to attend school until the prior balance is paid, or until a financial arrangement is approved by the Administrator, Business Manager, and/or School Board.
8. **NSF Checks:** A check returned for non-sufficient funds will incur a \$35 charge.
9. **Withdrawal:** If a family withdraws from Deep Valley Christian School before the end of the month, the full tuition installment for that month will be charged. If tuition has been pre-paid beyond the current month, it will be refunded.
10. **Accident Insurance.** DVCS does not provide accident insurance for students. Liability insurance is carried, but it is a secondary coverage only. It is the responsibility of each parent to cover the medical and injury costs of their children.

11. **Tuition/Fee Payments:** Please list who is responsible for tuition/fee payments: _____

12. I, (we), have read and agree to the terms of this Financial Agreement and Policy.

Signature _____

Date _____

Signature _____

Date _____