

SHEBOYGAN AREA LUTHERAN HIGH SCHOOL

3323 University Drive, Sheboygan, WI 53081 (920)452-3323 Fax (920)452-1310

FINANCIAL AGREEMENT 2010-11

NAME AND ADDRESS OF PERSON TO WHOM BILLINGS ARE TO BE SENT:

NAME _____

ADDRESS _____ CITY/STATE _____ ZIP _____

PHONE: HOME (____) _____ BUSINESS (____) _____ CELL (____) _____

E-MAIL ADDRESS _____ CHURCH MEMBERSHIP _____

LIST STUDENTS ENROLLED FOR 2009-10 AT SHEBOYGAN LUTHERAN HIGH SCHOOL

1) NAME _____ GRADE _____ 2) NAME _____ GRADE _____

3) NAME _____ GRADE _____ 4) NAME _____ GRADE _____

TUITION AND FEE INFORMATION

1. ANNUAL REGISTRATION FEE (PER STUDENT NON-REFUNDABLE) \$300 if paid by March 31; \$450 after March 31; \$550 after Aug. 1

2. TUITION Association Member - **\$5,700** Community Member - **\$6,770**

3. A credit of \$100 will be given to each student that sells 4 Harvest Fest invitations at \$25 each.

4. GRADUATION FEE (Seniors Only) - \$85 per child

5. DISTANCE LEARNING CLASS - \$425 per semester class plus cost of textbook (To be paid in full before start of class)

TUITION AND FEE PAYMENT PLAN (Select One Plan)

- ANNUAL** Full payment of yearly tuition is payable on or before Aug. 15. (For credit card payment option, fill out form on back).
- SEMESTER** Payment of tuition twice a year. The two payments are due on Aug. 15 and January 15. (For credit card payment option, fill out form on back).
- 12 MONTH** Automatic Withdrawal required with this option. Payments are on the 20th of the month. **FILL OUT FORM ON BACK.**

OVERDUE TUITION AND FEES POLICY:

1. An account is overdue if payment is not received by the 25th day of the month. A \$25 late fee will be added after the 25th.
2. When an account is 30 days overdue, a reminder will be mailed to the home, and a \$25.00 per month service charge will be added.
3. When an account is 60 days overdue, another notice will be mailed to the home. This notice will state that, unless the account has been brought up-to-date, within another 30 days, the privilege to attend Lutheran High School will have been forfeited, and the student will not be admitted to classes until the account has been paid OR until an arrangement is made with the Executive Committee in writing, (This forfeiture takes place on the 91st overdue day.) An additional \$25 late fee will apply.
4. When an account is 91 days overdue, the student will be excluded from classes. A final notice will be sent indicating that the account will be turned over to a collection agency and/or attorney for collection.
5. Any student with an unpaid balance from the previous school-year shall forfeit admission for any succeeding school year until the account is paid, or unless a contractual agreement has been made in writing with the Executive Committee.
6. Any parent with an unpaid balance from any previous year shall forfeit admission of any future student until the past-due account is paid or an arrangement is made with the Executive Committee in writing.
7. Any senior whose account is overdue on graduation day shall forfeit his/her diploma until the account is paid in full, or an arrangement is made with the Executive Committee in writing.
8. Any bank returned item will be a \$25 fee.

PLEASE SIGN AND RETURN THIS FORM TO THE LHS BUSINESS OFFICE (IF JOINT LEGAL CUSTODY, PLEASE MAKE SURE BOTH PARENTS/GUARDIANS SIGN A FINANCIAL AGREEMENT FORM. IF ONE PARENT/GUARDIAN BACKS OUT OF THEIR AGREEMENT, THE OTHER WILL BE RESPONSIBLE FOR THE FULL TUITION COST OF THE CHILD).

I HEREBY AGREE TO PAY TUITION AND FEES ACCORDING TO THIS FINANCIAL AGREEMENT.

SIGNATURE _____ RELATIONSHIP _____ DATE _____

OVER

AUTHORIZATION AGREEMENT - For Pre-Arranged Payments (ACH Debits)

Company Name - **Sheboygan Area Lutheran High School**

I (we) hereby authorize Sheboygan Area Lutheran High School hereafter call **COMPANY**, to initiate - debit entries to my (our) account indicated below and the depository named below, hereinafter call **BANK**, to debit the same to such account.

Please indicate which type of account _____ CHECKING (or) _____ SAVINGS

Bank Name

Transit / ABA Number

City, State, Zip

Account Number

Amount: _____

Start Date: _____

This authority is to remain in full force and effect until **COMPANY** and **BANK** has received written notification from me (or either of us) of its termination is such time and in such manner as to afford **COMPANY** and **BANK** a reasonable opportunity to act on it. I (or either of us) had the right to stop payment of a debit entry by notification to **BANK** at such time as to afford **BANK** a reasonable opportunity to act on it prior to charging account. After account has been charged, I (we) have the right to have the amount of an erroneous debit immediately credited to my account by **BANK**, provided I (we) send written notice of such debit entry in error to **BANK** within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

Please Print Name(s) _____ Date _____

Signature(s) _____

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