

Duluth Adventist Christian School 2024-2025 FINANCIAL CONTRACT

Rev. 02.23.24

Person responsible for payment:

Name _____

Mailing Address _____

Home Phone _____ Cell Phone _____

Social Security Number (SSN) _____ Email _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

GRADE	SCHOOL FEES	NOTES	PAID
Pre-K	\$825.00		
Kindergarten	\$950.00		
1 st Grade	\$825.00		
2 nd Grade	\$825.00		
3 rd Grade	\$800.00		
4 th Grade	\$800.00		
5 th Grade	\$800.00		
6 th Grade	\$800.00		
7 th Grade	\$800.00		
8 th Grade	\$950.00		

TUITION	One Child	Two Children	Three Children	
Per Month	\$ 720.00	\$ 1,390.00	\$ 2,060.00	
Per Year	\$7,200.00	\$13,900.00	\$20,600.00	
5% Discount - If paid in full	\$6,840.00	\$13,205.00	\$19,570.00	

This contract is a legal binding agreement between DACS and _____
(Print Full Name)

who will be financially responsible for the above-named student account(s). All school fees are non-refundable.

All School Fees plus first month's tuition (August) will be due at Registration. The remaining monthly tuition payments (Sept.–May) will be due the 5th of each month. I understand I must comply with all enrollment and payment requirements. If the account is not made current within 60 days, DACS Administration will contact responsible party and student will be unable to attend class until the account is made current.

I also agree to pay for any additional charges/fees the child incurs such as field trips, damage to school property, Before/After School Care, etc. If I fail to do this, then the child will not be able to attend classes until the account is current. Student grades and transcripts will be held until the account is brought current. If a student is graduating, the account must be paid in full prior to the graduation ceremony.

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If a child is receiving an outside scholarship from either Arete or Georgia Special Needs, I understand that the scholarship may or may not cover the full cost of tuition and school fees at DACS. If the scholarship does not cover the full cost of tuition and school fees, I agree to pay the difference so that the outstanding balance is paid in full. The outstanding balance will be broken up into payments as needed. Payment will be due on the 5th of each month. Scholarships will always be applied to the child's tuition first. If the scholarship covers more than the cost of tuition, then the extra funds will be put toward the child's school fees.

I understand that failure to maintain my student(s) account may result in legal recourse deemed appropriate by the School Finance Committee.

It is assumed that a family is enrolling for the entire year and budgets are set accordingly. If a child is withdrawn anytime between the first and last day of school, a 30-day advanced written notice is required. The existing month's tuition plus an additional \$1,000 will be assessed as a withdrawal fee. All school fees are non-refundable.

By signing this agreement, I accept responsibility for the above-named student account(s).

Signature of Person Responsible for Student Account(s)

Date

DACs Authorized Representative

Date