



## International Student Statement of Financial Responsibility

Student's Name \_\_\_\_\_

Home Address \_\_\_\_\_

*Street*

*City*

*State*

*Zip Code*

I, the undersigned, acknowledge that I am financially responsible for all charges incurred while the above-named student is in attendance at Lutheran High School. This includes, but is not limited to: tuition, registration fees, testing fees, athletic fees, cost for lost or damaged materials, and cost for damage to school property.

I also understand that special circumstances sometimes result in regards to ability to pay and that these should be brought to the attention of the Executive Director so that special arrangements can be made.

I understand that payments received after the due date will be assessed a \$25 late fee for each month that the payment is late. There is a five-day grace period for the due date.

I further understand that student accounts that become past due will, upon notification, be placed on administrative suspension. A student who is on administrative suspension is not allowed to attend class and is subject to all academic regulations. **The tuition account must be brought up to date before the student can return to school.**

I agree to pay all costs related to collection of unpaid balances, including attorney fees, collection costs, and interest.

Parent/Guardian Name \_\_\_\_\_

Address (if different  
from above): \_\_\_\_\_

*Street*

*City*

*State*

*Zip Code*

Signature \_\_\_\_\_

Date \_\_\_\_\_