



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 have read the Tuition Policy as stated in the *Student and Parent Handbook* and realize the school relies upon my regular and prompt payment in order to continue its ministry.

I have chosen the checked option for payment:

Plan 1 – Full Year Prepaid (I will receive a 3% discount)

Plan 2 – Ten Monthly Payments through FACTS

I agree to make payment according to the chosen option and terms.

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 understand that upon withdrawal for any reason, the current semester tuition and fees must be paid in full. All fees are non-refundable.

I further understand that student accounts that become past due by an amount equal to one month's tuition bill plus two months of late fees (i.e., tuition + \$50) 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 _____

Social Security No. _____

Address (if different from above):

Street City State Zip Code

Signature _____ Date _____