



## Clear Creek Christian School, Inc. Tuition Payment Agreement

School Year:	
Student names(s):	

**Check one of three boxes below.**

We will pay tuition charges in **one lump sum payment**.

Grade	Prior to August 1 <sup>st</sup>	Aug. 1 <sup>st</sup> - Sep. 1 <sup>st</sup>	After Sep. 1 <sup>st</sup>
KF-6th	\$2,900	<b>\$3,000</b>	\$3,100
KM	\$1,900	<b>\$2,000</b>	\$2,100

We will pay tuition charges in **two semester payments**.

Grade	1) Prior to Aug. 1 <sup>st</sup> 2) Prior to Dec. 15 <sup>th</sup>	1) Aug. 1 <sup>st</sup> - Sep. 1 <sup>st</sup> 2) Dec. 15 <sup>th</sup> - Jan. 15 <sup>th</sup>	1) After Sep. 1 <sup>st</sup> 2) After Jan. 15 <sup>th</sup>
KF-6th	\$1,525	\$1,550	\$1,575
KM	\$1,025	\$1,050	\$1,075

We will pay tuition charges in **ten monthly payments** from August 1<sup>st</sup> to May 1<sup>st</sup> and authorize **Clear Creek Christian School, Inc.** to make monthly **direct debits** for tuition and associated charges from the bank account indicated below. We understand that these debits will be executed between the 5<sup>th</sup> and 15<sup>th</sup> of each month. We agree that it is our responsibility to notify the school treasurer if there is a valid reason to delay the transaction. We agree that this authority remains in effect until we submit written notification.

Depository/Bank Name:	
Account type (circle one)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings (attach voided check)
RTN/ABA Number:	
Account Number:	

Grade	<u>Early</u> 1 <sup>st</sup> debit window 5 <sup>th</sup> through 15 <sup>th</sup>	<u>On-time</u> Split or individually arranged date	<u>Past due</u> Rerun transactions due to NSF
KF-6th	\$315	\$320	\$335
KM	\$215	\$220	\$235

We acknowledge our responsibility to pay the tuition and associated charges for the education of the students identified above and agree to pay these charges in full when due and according to the payment plan indicated. We acknowledge that we are liable for any legal fees associated with collection of unpaid charges on our account and that student records will not be forwarded to another school until all charges are settled.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



**Clear Creek Christian School  
Request for Waiver of Direct Debit**

School Year:	
Student names(s):	

I am applying for enrollment for the student(s) named above for the next school year and prefer to make monthly tuition payments.

I am requesting a waiver of the requirement for monthly payments to be directly debited from my bank account.

I understand that this waiver (if granted) is based on my history of making regular on-time payments to the school and if I fall behind on making my monthly payments via check or cash, I will be required to enroll in the direct debit program.

Provide reason for requesting waiver:

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

Received by:

\_\_\_\_\_  
School Secretary

\_\_\_\_\_  
Date

Comments:

Approved:

Denied:

\_\_\_\_\_  
School Treasurer

\_\_\_\_\_  
Date

Appealed to board

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

Approved:

Denied:

\_\_\_\_\_  
Board President

\_\_\_\_\_  
Date