Our Savior Lutheran School Tuition Agreement and Payment Plan

_together with any and all fees. We submitted the non-refundable registration fee to insure the enrollment of our child,

For our child's Our Savior Lutheran School (OSLS) 2017-2018 academic school year enrollment, we agree to pay OSLS the annual tuition of

(Refer to	the 2017-2018 Tuition and Fee Schedul	e)							
	Student Name:				Grade Le	vel:			
tuition o [Parent: accordii for the t	understand and agree that our oblor fees outstanding or paid will be solder fees outstanding or paid will be solder fees outstanding or paymenting to the end of the month in which we weeks. We pro-rate according olication Fee and Registration Fee	refunded or cancelled n ts in advance. Refunds h the withdrawal is mad g to days enrolled with a	notwithstanding s or dismissals, o de. We require a \$2.00/day surd	our child's absence, vexpulsions, or early was two-week written no	withdrawal, or disr vithdrawals are ma otice prior to witho	nissal from OSLS. ade on a pro-rated basis frawal; regardless, we charge			
paymer	ur tuition payment options ar at plan. Make sure you select you if you change your program or pa	ır program for your pres							
	ANNUAL PAYMENT – Tui [If payment under this option			•		-			
	SEMESTER PAYMENTS – Tuition is payable in advance in two (2) installments; the first payment is due on or before July 1, 2017, and the second installment is due on or before December 1, 2017. This option includes a \$50 handling fee payable in two installments. [If payments under this option are not received by the due dates, our account will be charged a \$40 late fee.]								
	QUARTERLY PAYMENTS July 1, 2017, October 1, 20 installments. [If payments late fee.]	17, December 1, 20	017, and Mar	ch 1, 2018. Ther	e is a \$100 har	dling fee payable in four			
	MONTHLY PAYMENTS – Tuition is payable in advance in ten installments; each installment is due on the 1st of each month starting July 1, 2017 and ending April 1, 2018. The option includes a \$250 handling fee, payable in ten installments. [If payments under this option are not received by the due dates, our account will be charged a \$40 late fee.] If choosing this option, you will be enrolled in the automatic deduction plan, please complete the enclosed form and attach a voided check or savings deposit slip.								
	Please enroll our child in th	e Day Care Progra	m. (Grades k	(-8) We will pay	the additional f	ee for this.			
	Before School C	areAfter S	School Care	Both	E	arly Dismissal Days only!			
	Please enroll our PRESCH	OOLER in the follo	wing program	n. We will pay ac	cordingly.				
	8:00 am – 1 \$6600	2 noon	6:30 am	– 3:00 pm	6:00 \$9880	am – 6:00 pm			
according be susp Failu All outs tuition for agency become including We a	have chosen our payment plan, ng to the schedule stated in the planted from classes if payments a tree to pay all outstanding tuition tanding tuition balances will be dutees and other delinquent account or referred to legal counsel for content of the dutees and other terms of this Agreeg reasonable attorney and collective also agree to accept Our Savior Lutes are required of both Parent	an. Any Returned Che ire not made in a timely in and fee balances in ite within 30 days if study is are paid by the abovullection. In case action ement, the undersigned on agency fees of 50% utheran School rules ar	cks will be asse manner. In full by April dents are no lor e date. Delinqu in is taken, wheth d promise to pay of the unpaid b and regulations as	ssed \$25. Any addition 15, 2018, will result ager enrolled for any lent accounts of releaser by court proceed in addition to any arealance, and other exists stated in the Parent	onal fees are due in the release reason. 8th Grade ased students will ngs or otherwise, nounts owed plus penses incurred be-Student Handboot	when incurred. Students may of our child from enrollment. ers will not graduate unless all be turned over to a collection to collect any sum which may interest, all costs of collection, y OSLS.			
Father/	Guardian Signature	Date	<u>-</u>	Mother/Guardian Si	anature	 Date			

COMPLETE THIS SECTION FOR ENROLLMENT IN THE MONTHLY AUTOMATIC DEDUCTION PLAN

Last	First			Middle Initial				
Mailing Address	City		State	ZIP CODE				
Home Telephone Number	Work Numb	per Cellular Nu		_ mber				
Check the appropriate section:								
X New enrollment/authorization for the 2017-2018 academic year.								
PRIVACY/CONFIDENTIALITY: This Authorization Form is seen by the non-profit Lutheran organizations enrolled in Simply Giving® as well as by the Vanco Services employees who process it. In addition, participant name and address information may be provided to Thrivent Financial for Lutherans. Participant information will not be shared with any other organizations.								
Payments should be taken from:	I authorize Thrivent Financial for Lutherans and Vanco							
Checking (attach a voided chec	Services, LLC to automatically withdraw tuition payments from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the							
Savings (attach a savings deporture)Credit Card (Master Card or VIS	authorization Signature:							
Routing No.:								
Account No:								

Attach a voided check or savings deposit slip.

If you have any questions regarding tuition, please call the Account Manager at 488-0000 ext. 222.