



The Cardinal Maida Academy

“Faith in Every Student”

Mrs. Patricia Visnick
Principal

315 Franklin Ave.
Vandergrift, PA 15690
Phone: (724) 568-3304
July 14, 2017

TUITION PAYMENT AGREEMENT

(Revised February, 2018)

Family Name _____

Student Names Amount	Grade	Tuition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Tuition _____

I/We agree to pay Cardinal Maida Academy the tuition and all fees for the attendance of my/our child(ren) as established by the school for the 2018-2019 school year. A \$35/student non-refundable registration fee is required at the time of registration. I/We elect to pay the tuition and costs as follows:

_____ One Payment August 31, 2017

_____ Two Payments August 31, 2018 and January 30, 2019

_____ Monthly payment plan on FACTS Payment Plans that will bring the balance to zero by May 30 or earlier of the 2018-2019 school year.

_____ Combination of above options. Please indicate which options you are choosing and explain details:

Note: No cash will be accepted as payment.

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I/We further agree that all payments will be paid when due. Should I/we be late in payment, I/we understand that the following process will be followed:

- a) The parents/guardians will be notified in writing of the payment not being received.
- b) The parents/guardians will be given 20 calendar days to bring the account to current status or meet with school administration to have an adjusted payment contract approved (not a guarantee).
- c) If the account is not brought to current status, and an adjusted payment contract is not agreed upon and approved by school administration, the student enrollment will cease after the 20th day.

I/We agree to pay all amounts due under this contract. If another person is responsible to pay any part of the amount due for the child(ren) above, and she/he fails to pay when due, I/we agree to pay all amounts due immediately upon notification by the school.

I/We agree to pay for the entire semester if the child(ren) leave before that semester is completed.

I/We further agree to abide by the <name of school> student-parent handbook and understand that if my/our child(ren) violates any portion of the student-parent handbook and/or is removed or expelled from <name of school> for any reason consistent with the student-parent handbook, then I/we are not entitled to a proportionate refund of tuition. In addition, I/we understand that I/we may still be legally responsible for paying any tuition owed at the time our/my child(ren) stopped attending <name of school>.

I/we further agree to be legally responsible for paying the tuition described above within the timeframes described above. I/We understand that <name of school> may take any action available and consistent with applicable law in order to collect unpaid tuition owed by me/us including but not limited to withholding academic transcripts.

I/We have read and understood all of the terms and conditions contained in this agreement, and I/we agree to be legally bound by those terms and conditions.

Parent/Guardian

Date

Parent/Guardian

Date

Mailing Address

Mailing Address (if different)

Phone Number

Phone Number (if different)