

TUITION AND FEES FOR _____ FOR THE 2019-2020 SCHOOL YEAR ARE AS FOLLOWS:

JUNE
JULY } _____
AUGUST

SEPTEMBER
OCTOBER
NOVEMBER
DECEMBER } _____
JANUARY
FEBRUARY
MARCH
APRIL
MAY

I/We understand the payment schedule as listed above and agree to the terms.

Signature of Parent/Guardian/Other: _____ Date: _____

Signature of Parent/Guardian/Other: _____ Date: _____