

**Baltimore
Lutheran School**

**2011-2012
Tuition & Fees Contract**

1145 Concordia Dr • Towson, MD 21286(410) 825-2323

Student's Name: _____

Grade in 2011-2012 6 7 8 9 10 11 12

Financially Responsible Parent(s)/Guardian(s): _____

Billing Address: _____

City, State, Zip: _____

Home Phone () _____

As parent or guardian financially responsible for the above named student's tuition and fees, I agree by checking the payment plan of my choice and my signature below, that I will pay tuition and fees as stated below. I also agree that Baltimore Lutheran School, at its option, may assess a \$30.00 fee for each check and/or payment returned by the bank. Furthermore, I understand the school reserves the right to withhold student participation in the class scheduling process or any other enrollment programs until this contract is signed and submitted to the school. Baltimore Lutheran School also reserves the right to withhold any and all services, transcripts, report cards, etc. from students for non-payment of tuition and other financial obligations to Baltimore Lutheran School.

Middle School Tuition of \$9,454.00 Upper School Tuition of \$10,950.00

TUITION OBLIGATION:

I agree to pay the entire cost of educating the above named student for the year. I understand that my obligation to pay the fees for the full academic year is unconditional and that after July 1 no portion of fees paid or outstanding tuition will be refunded or canceled in the event of absence, withdrawal or dismissal from the school of the above student.

CHECK ONE PAYMENT PLAN:

_____ **PLAN A: ONE PAYMENT** in full on or before July 1, 2011.

In view of the tuition obligation, I understand if I choose to elect **Plan A: One Payment as mode of payment**, that the option to participate in the Tuition Refund Plan is being made available to me at this time to protect my yearly financial obligation under the terms of the Enrollment Contract. This program insures fees (prepaid and due) in the event of separation according to the terms of school policy. I have received and read the enclosed brochure and the terms and conditions of coverage concerning this Plan. It is imperative that Box 1 or 2 below is checked for each child enrolled. *The School will understand that failure to check either of the below options as a decision not to participate in the Tuition Refund Plan.*

1. I wish to participate in the Tuition Refund Plan. The premium rate is 1.7 % of the gross tuition. I authorize the School to process and collect any claim payment to which I am entitled under the Tuition Refund Plan and credit it to my account, paying any excess to me.
Middle School insurance cost: **\$160.72 due in full by 4/1/11 with signed contract and Tuition Deposit.**
Upper School insurance fee: **\$186.15 due in full by 4/1/11 with signed contract and Tuition Deposit.**

2. I do not wish to participate in the Tuition Refund Plan. I understand that no refund or cancellation of the yearly tuition and fees will be made by the School for absence, withdrawal or dismissal before the end of the school year and herewith agree to assume full responsibility for the full annual fees.

_____ **PLAN B: TEN PAYMENTS** for tuition and other applicable charges through FACTS Payment Plan. (August-May).

In view of the tuition obligation, I understand if I choose to elect **Plan B: Ten Payments as mode of payment**, that I must participate in the Tuition Refund Plan being made available to me at this time to protect my yearly financial obligation under the terms of the Enrollment Contract. This program insures fees (prepaid and due) in the event of separation according to the terms of the policy. Please check box below.

I am obligated to participate in the Tuition Refund Plan. I have received and read the enclosed brochure and the terms and conditions of coverage concerning this Plan. The premium rate is 1.7 % of the gross tuition. I authorize the School to process and collect any claim payment to which I am entitled under the Tuition Refund Plan and credit it to my account, paying any excess to me.
Middle School insurance cost: **\$160.72 due in full by 4/1/11 with signed contract and Tuition Deposit.**
Upper School insurance fee: **\$186.15 due in full by 4/1/11 with signed contract and Tuition Deposit.**
If I have not submitted payment for the Tuition Refund Plan to Baltimore Lutheran School by July 1, 2011, I agree to have Baltimore Lutheran School attach the fee for the Tuition Refund Plan to my first scheduled FACTS payment. In addition, there will be a \$25.00 late fee assessment for missing the April 1, 2011 payment deadline.
The School will understand that the failure to check will not release you from your obligation to participate in the Tuition Refund Plan under **payment Plan B**

Enrollment, as specified within this Enrollment Contract, may be canceled by the parents or guardians in writing via certified mail to the Headmaster, without penalty (except forfeit of the Tuition Deposit), on or before July 1, 2011. If enrollment is canceled after July 1, 2011 parents or guardians financially responsible for the student are obligated to pay the full annual charges.

I also agree that if this note is placed in the hands of an attorney or collection agency for collection, I promise and agree to pay holder's reasonable fees and collection costs even though no suit or action is filed hereon; however, if a suit or action is filed, the amount of such reasonable fees shall be fixed by the court or courts in which the suit or action, including any appeal therein, is tried, heard or decided.

I agree to all the provisions as I have indicated above. I also agree to uphold and comply with the policies and regulations of Baltimore Lutheran School as promulgated in the Student/Parent Handbook for the 2011-2012 school year.

Financially Responsible Parent/Guardian Signature & Date

X _____
Signature

Date

Baltimore Lutheran Signature Date

X _____
Signature

Date