**Financial Agreement (2017- 2018)**

**Students covered by this agreement:**

**Name Grade**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

If the person assuming financial responsibility, the student, or either of the student’s parents with whom he or she is living, is a member of one of the school’s constituent Seventh-Day Adventist churches, name that person and check which church

**( ) Grand Junction ( ) Fruita ( ) Palisade**

Please specify affiliation with any other denomination:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financially responsible party:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (If different from student)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fees: Total:

**Current Constituent Tuition Rates:**

**Registration Fee**: $235 per student (1-4) \_\_\_\_\_\_ Grades K-8 $295.00

**Registration Fee**: $260 per student( K,5-8) \_\_\_\_\_\_ **Current Non-Constituent Tuition Rates:**

**Music Fest Fee** $35 (5-8) \_\_\_\_\_\_ Grades K-8th $345.00

**Additional Kindergarten Fee** ($35)

**Early Registration discount** ($25) \_\_\_\_\_\_

(*Register by May 30, 2018*) <\_\_\_\_\_\_>

**Total Paid <\_\_\_\_> Balance Due \_\_\_\_\_\_\_\_**

I have read and understand the financial policies of intermountain Adventist academy. I have paid listed above and agree to pay nine (9) monthly tuition payments of $\_\_\_\_\_\_\_\_\_\_ for the child(ren) listed above, in accordance with the school financial policies. I understand that it is the policy of this school to withhold transcripts until student accounts are paid or until satisfactory financial arrangements are made. I understand that an account becomes delinquent after the 30th of the current month, and that delinquent accounts are subject to a 2% monthly interest charge on all past due balances. I understand that IAA may suspend my student(s) when the account becomes more than 45 days past due. In the event of non-payment, I understand all collection costs and/or attorney fees will be added to any unpaid balance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date