

Office Use Only: Date Received: _____ Application Fee \$ _____ Check # _____

Thomas Hart Academy agrees to enroll the student(s) listed below for the 2018-2019 school year and to provide the educational program and other services as prescribed for that grade.

In consideration of the acceptance of the Enrollment Contract by Thomas Hart Academy the undersigned agrees to pay the required fees as specified below.

For returning students, a tuition deposit in the amount of \$200 is due in two installments: \$100 at the time of reenrollment and \$100 on June 1.

For new students, an application fee of \$100 is due with the application. A tuition deposit of \$200 is due at the time of acceptance.

| Student(s) Name: | Grade: | Date of Birth: |
|------------------|--------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I understand that my obligation to pay the fees for the full academic year is unconditional and that after August 1 no portion of fees paid or outstanding will be refunded or canceled in the event of absence, withdrawal, or dismissal from the school of the student(s) listed above.

In view of this obligation, I understand that the Tuition Repayment Plan (TRP) 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 the policy.

Tuition Repayment Plan
Note: Participation in the TRP is required unless the full annual charges are paid by July 1.
 (Please choose ***one*** AND ***initial***.)

_____ A. I wish to participate in the TRP. The premium rate is 2.6% of the annual fees. I authorize the school to process and collect any claim payment to which I am entitled under the TRP and credit it to my account, paying any excess to me. I have received and read the enclosed brochure detailing the terms and conditions of coverage concerning this Plan.

_____ B. I do NOT wish to participate in the TRP. I understand that no refund or cancellation of the yearly fees will be made by the School for absence, withdrawal, or dismissal before the end of the school year and herein agree to assume full responsibility for the full annual fees. I have received and read the enclosed brochure detailing the terms and conditions of coverage concerning this Plan.

Financial Obligation Options (Please choose ***one***.)

_____ Annual Payment: One payment in the amount of \$ _____ is due on July 1.

_____ Semi-Annual Payments: Two payments in the amount of \$ _____ each are due on July 1 and January 1.

_____ 12 Monthly Payments: Twelve payments in the amount of \$ _____ each are due on the first day of each month July through June.

I understand that in signing this Enrollment Contract for the coming academic year, I am agreeing to accept the rules and regulations of the School as stated in the current handbook and the rule concerning payment of fees as referred to the above. Furthermore, I agree to the policy of the School that no student will be permitted to take examinations, nor will grades/ transcripts be released unless an account has been paid in full.

A late fee of \$20 will be assessed to any account unpaid by the 10th of any month. If the parent or guardian allows the account to lapse on the twentieth of the month, the student will not be allowed to attend school until the account is satisfied.

Thomas Hart Academy shall have the right to legal action for the collection of school fees and that parents will be responsible for all costs of collection, including but not limited to court expenses and reasonable attorney's fees.

The undersigned agrees to release and hold harmless the School, its agents, and employees from all claims, damages, or other liabilities for injuries to my child which are not the result of gross negligence by this School, its agents, or employees. The undersigned also agrees to indemnify the School for damages by my child.

I authorize my child to participate in school trips under the supervision of the School faculty and staff. I agree to release and hold harmless Thomas Hart Academy, Inc., its agents, and/or employees from any and all liability whatsoever associated with the said School trips.

Should a medical emergency arise, I give my permission for the teachers to authorize treatment for my child should it be necessary, and I agree to assume all costs associated with this treatment and hold harmless the School for all outcomes and injuries resulting from such care.

Enrollment, as specified within this Enrollment Contract, may be canceled by the parents or guardians in writing, without penalty (except forfeiture of the Tuition Deposit) prior to August 1. If enrollment is canceled after August 1, parents or guardians financially responsible for the student are obligated to pay full annual charges.

In order to reserve a place for your child, this Enrollment Contract and your Tuition Deposit must be received by the School no later than the time of reenrollment for returning students or at time of acceptance for new students.

My signature below affirms that I have read, understand, and accept the terms and conditions of this contract.

Signature of parents or guardians financially responsible for the student(s) listed above:

Name _____ Address _____ Date _____

Name _____ Address _____ Date _____

Family Referral _____

Primary email address for billing _____

Accepted by Thomas Hart Academy Name _____ Date _____