

**CONSORTIUM OF CATHOLIC ACADEMIES**  
**P.O. Box 29260 Washington, DC 20017-0260**  
**TUITION AGREEMENT**  
**2017 - 2018**

**Student(s) Name(s):** \_\_\_\_\_  
*Please Print*

**Academy Name:** \_\_\_\_\_

1. I/We understand that I/we have three payment options:
  - a) *1 Installment Plan:* Full payment less a discount of 5% if paid by August 15, 2017. “Full payment” is the annual tuition minus tuition assistance provided by the Archdiocese, the parish or other foundations.
  - b) *10 Installment Plan:* Monthly payments: beginning July 14, 2017 and ending April 16, 2018 (10 months), or beginning September 15, 2017 and ending April 16, 2018 (8 months) ONLY if enrolled after August 1, 2017.
  - c) *20 Installment Plan:* Monthly payments due on the 15<sup>th</sup> and 30<sup>th</sup> of each month beginning July 14, 2017 and ending April 30, 2018.
2. I/We will abide by the Tuition Policy of the Consortium of Catholic Academies.
3. I/We understand that I/we will receive a copy of the tuition and fees for 2017-2018 as soon as it is available.
4. I/We understand that I/we am/are expected to contribute to the school through fundraising activities.
5. I/We understand that if outstanding tuition and fees for 2016 - 2017 are not paid by May 31, 2017 my child(ren)’s reserved place(s) for 2017 – 2018 will be released to other students on the waiting list.
6. I/We understand that if the student is withdrawn from the school for any reason, suspension, delinquent tuition payments, etc, a withdrawal form must be completed by the parent/guardian in order to terminate billing.
7. If legal action is required to collect any outstanding amounts due under this agreement, I/we agree that the school shall be entitled to recover from me/us, in addition to such amounts, all collection costs including, without limitation, attorney’s fees and court costs.

I/We agree that we are financially responsible for the tuition and fees for the student(s) listed above for the 2017 – 2018 school year.

\_\_\_\_\_  
(Printed Name of Parent/Guardian)                      (Signature of Parent/Guardian)                      (Date)

\_\_\_\_\_  
(Printed Name of Parent/Guardian)                      (Signature of Parent/Guardian)                      (Date)