

**CONSORTIUM OF CATHOLIC ACADEMIES**  
**P.O. Box 29260 Washington, DC 20017-0260**  
**TUITION AGREEMENT**  
**2018 - 2019**

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

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

1. I/We will abide by the Tuition Policy of the Consortium of Catholic Academies.
2. I/We understand that I/we will receive a copy of the tuition and fees for 2018-2019 as soon as it is available.
3. I/We understand that I/we am/are expected to contribute to the school through service hours and fundraising activities.
4. I/We understand that if outstanding tuition and fees for 2017 - 2018 are not paid by May 31, 2018 my child(ren)'s reserved place(s) for 2018 – 2019 will be released to other students on the waiting list.
5. I/We understand that if the student is withdrawn from the school for any reason, suspension, delinquent tuition payments, etc, a withdrawal or school exit form must be completed by the parent/guardian in order to terminate billing.
6. 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.
7. **(FACTS Family)** 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, 2018. "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 15, 2018 and ending April 15, 2019 (10 months), or beginning September 15, 2019 and ending April 15, 2019 (8 months) ONLY if enrolled after August 1, 2018.
  - c) 20 Installment Plan: Monthly payments due on the 15th and 30th of each month beginning July 15, 2018 and ending April 30, 2019.
8. **(OSP Family)** I/We understand that within 10 days of notification, I/we must go to the school to sign the OSP checks. I/We understand that I/we am/are responsible for any/all additional expenses not covered by the OSP scholarship.

I/We agree that we are financially responsible for the tuition and fees for the student(s) listed above for the 2018 – 2019 school year.

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

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