

# 2010-2011 Financial Agreement

Fletcher Academy



Student Name \_\_\_\_\_

Grade \_\_\_\_\_

**Parent/Guardian:** Please initial the payment plan you prefer.

(See **Financial Information** for breakdown of options/discounts)

- \_\_\_\_\_ A. Make one payment in advance for the whole year. *(5% discount)*
- \_\_\_\_\_ B. Make monthly payments due the 15th of each month – *Please initial how you plan to pay monthly.*
- \_\_\_\_\_ I will pay by check or cash.
- \_\_\_\_\_ I would like to pay by automatic bank draft.
- \_\_\_\_\_ I would like to pay by credit card.
- \_\_\_\_\_ C. I will need some assistance and would like to apply for financial aid. I would like to meet with the principal to discuss my financial commitment, and I understand that if my child does not work the hours required (18 hours a week if under 16, 24 hours a week if over 16), I will be responsible for the balance owed.

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**Parent/Guardian:** Please initial each line marked with an \*

We understand that there is a \$50 per week cafeteria charge for any student in the dorm during the summer. \_\_\_\_\_\*

We have carefully considered the methods of financing the educational expenses and agree to assume the financial responsibility for the applicant as indicated above. \_\_\_\_\_\*

This student is being employed by the school with my full knowledge and consent. I request that a work permit be issued. \_\_\_\_\_\*

I understand that the principal and work coordinator are in loco-parentis while my child is in attendance at Fletcher Academy Inc. for school or work \_\_\_\_\_\*

We understand that all accounts with Fletcher Academy Inc. shall be paid in full before any test permits, diplomas or transcripts will be issued. \_\_\_\_\_\*

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_