



Calhoun Academy
OF
Calhoun Educational Foundation, Inc.
P.O. Drawer C
Calhoun City, Mississippi 38916
662.412.2084 cougars1@brucetelephone.com

2020-2021 PAYMENT CONTRACT

Fee Requirements

A Registration fee of \$200.00 per child **MUST** be paid at the time of registering for the next school year and is **NON-REFUNDABLE**.

Account balances must be current at the time of registration. **Any outstanding balances must be paid prior to registration; otherwise early registration is not possible.** Students will not be admitted to class the first day of school until all past-due accounts are current and proper arrangements made for the new-years tuition. The Building Fee may be paid in installments over no more than a three-year period. (\$100 each year minimum.) **THIS FEE IS NON-REFUNDABLE.** You may earn a referral credit of \$500 if a new family enrolls and states they were referred by your family. To be eligible for the credit, you **MUST** have been enrolled for the entire

2019-2020 school year and the new family must attend the entire school year. The credit will be awarded at the beginning of the following year and applied to your tuition. **Tuition for the 2020-2021 school year will be by Draft, 10 Post Dated Checks or paid in full (Cash Only) by August 15th, 2020.** Calhoun Education Foundation does not discriminate on the basis of race, color, disability, national or ethnic origin in the administration of its educational and admission policies, athletic and or interscholastic programs. **Qualified applicants must adhere to the admission policies and procedures as set forth by the Board**

Payment Options

(Initials)

☐

I agree to make tuition payments for _____ student(s).

10% discount for two or more children.

(Initials)

☐
☐
☐
☐

Chose Your Payment Terms Based on the Number of Students:

		April 1-30	May 1-Aug	
		EARLY	1st-12th	LATE
1	Total Payment will be due by August 15th, 2020	4,300.00		4,600.00
2	Payments due by August 15th, 2020 and January 15th, 2021	2,200.00		2,350.00
10	Payments due by the FIRST of each month beginning August 1st, 2020	450.00		480.00

My payment amount will be \$ _____ adhering to the terms chosen above.

Student(s) Name(s) and Grade(s)

_____ *Referring Family*

Parent/Legal Guardian Information (Max two names for voting purposes)

Name(s): _____

Address: _____

County Supervisory District: _____ If outside of Calhoun County list county _____

Phones: (H) _____ (W) _____ (M) _____

Parents'/Guardians' Email: _____

Agreement of Terms

Calhoun Academy

The undersigned jointly and severally agree to the conditions of this contract.

(Headmaster) (Date)

(Parent/Guardian) (Date)

(Board President) (Date)

(Parent/Guardian) (Date)